Art Therapy Treatment Model for Rural LGBTQ+ Emerging Adults

By

Libby Kimbrough

Master of Arts in Art Therapy

Herron School of Art and Design

Indiana University-Purdue University of Indianapolis

Heather Leigh

Advisor

Accepted: June 2020

Greg Hull

Interim Dean of Herron School of Art and Design

06 / 23 / 2020

Date

Art Therapy Treatment Model for Rural LGBTQ+ Emerging Adults

Libby Kimbrough

Submitted to the faculty of Herron School of Art and Design
in partial fulfillment of the requirements for the degree
Master of Arts in Art Therapy
Herron School of Art and Design
Indiana University

June 2020

ABSTRACT

LGBTQ+ individuals living in rural areas who are aging into adulthood face specific challenges, such as isolation, discrimination, bullying, and hate crimes, leading to mental health issues that often go untreated due to lack of services, stigma, fear of being outed, as well as distrust of mental health clinicians. Art therapy is an emerging treatment modality that may help to address these barriers to treatment. An integrative literature-based review was conducted to study the treatment needs of LGBTQ+ rural emerging adults in order to design a model for an art therapy program for queer emerging adults in rural communities. Created from an anti-oppressive perspective, the model focuses on using art therapy with clients to assist them in building and exploring their identity, empowering them in the face of discrimination, and decreasing isolation through a therapeutic group experience. The model may also serve to train and educate clinicians to treat this population ethically.

Keywords: LGBTQ+, rural, homosexual, emerging adults, young adults, art therapy, mental health treatment, treatment model, anti-oppressive.

DEDICATION

I dedicate this literature-based review to LGBTQ+ community. I want you to know that you are not forgotten or ignored. Every soul is worthy of equality, respect, and acceptance. I admire your strength and courage to be unapologetically authentic. This is for all of you trailblazers.

AKNOWLEDGEMENTS

I want to thank my friends, colleagues, and family for giving me the space and support while working on the greatest project in my academic career. The topic being very personal, I was repeatedly reminded by my cohort, advisors, and faculty to take care of myself during this time, and I will be forever grateful for those words of encouragement. I would like to extend my thanks and gratitude towards Eileen Misluk, Heather Leigh, and Megan van Meter for their hard work, candor, and encouragement in this time of exploration and study. I would like to thank my family for teaching me how to love others and supporting me through this process. I would like to thank Aiyana Surack for her never-ending support, inspiration, and honesty with me through this process. I would like to thank Minda Douglas and Brooke Komar for believing in me. Finally, I would like to thank my cohort and fellow art therapists: Ilene Armstrong, Keaton Evans-Black, Maria Valeria Guzman, Tasha Chopra, Hanna Lugo, Ashleigh Mower, Kailtyn Alexander-Pulos, Lexie Wheat, and Katy Newton; for the homework sessions, making me laugh, the silly ukulele songs, the kind text messages, video chats, and phone calls, and for the unforgettable memories that I will cherish for all eternity. A special thanks to Dexter, Kimchi, and Binx who lent me a helping paw and emotional support while working on my project. I could not have finished this project without all of you. I love you guys. Thank you from the bottom of my heart.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

The LGBTQ+ community is widely believed to be concentrated in urban locations. Media portrayal of the queer community as residing primarily in cities is misleading in the fact that queer individuals are born of urban, suburban, and rural roots. The LGBTQ+ community is not as visible in rural communities, and usually not as accepted as their heterosexual counterparts. An important underlying issue for LGBTQ+ individuals coming out and living in a more isolated, conservative environment is the potential for discrimination and victimization within the rural context. The inherent difficulties for LGBTQ+ individuals living in this cultural climate can lead to a variety of mental health issues that may go untreated due to lack of services, stigma, fear of being outed, as well as distrust of mental health services. Historically, homosexuality was given a mental health diagnosis and mental health treatment for this population including the use of conversion or reparative therapy (i.e., the use of unethical treatment methods to "repair" or "convert" someone with homosexual tendencies to one with heterosexual tendencies), a damaging and harmful approach that is still being used in present day attempts to convert LGBTQ+ identities (Besen, 2003; Brinton, 2018). Given this historical, systemic context, LGBTQ+ individuals have not felt safe accessing mental health treatment (Drumheller & McQuay, 2010), and even more so in rural areas where there is limited or no access to these services (Brown, Rice, Rickwood, & Parker, 2015) and confidentiality is less guaranteed (Brown, et al., 2015).

Within this rural context, a specific group of LGBTQ+ individuals aging into adulthood face specific challenges and issues. Individuals emerging into adulthood have become a new age group known as *emerging adults*. The term emerging adults refers to a newly added age group

that ranges from 18 to 25 years old (Arnett, 2020). Whereas the term *young adults* refer to a broader age range: 18 to 30 (Petry, 2020). Therefore, emerging adults is a focused population within the young adult population. Emerging adults experience instability when transitioning from adolescence to adulthood as well as focusing on their identity and exploring endless possibilities (Arnett, 2020). The needs of queer emerging adults are unique and different from their heterosexual peers. For example, they often experience what is referred to as a *second adolescence* when exploring their LGBTQ+ identity post-adolescent puberty (Ven, 2018). Thus, requiring tailored services.

Within a rural cultural climate, the increased risk factors for queer emerging adults create a dangerous cocktail of concerns. The consequences of youth living in hostile environments increases the likelihood of homelessness, substance abuse and addiction, isolation, suicidal ideation, mental illness, self-harm, and discrimination. Queer youth make up 20% to 30% of the United States youth homeless population and are more likely to abuse substances, experience mental illness, and become susceptible to suicidal ideation (Ecker, 2016). Within the macrosystem of distaste for LGBTQ+ relationships represented through legislature and community values, LGBTQ+ youth and emerging adults are at-risk for coping with these feelings of otherness by using substances and/or becoming homeless (Ecker, 2016).

Queer emerging adults in rural areas are the focus of this literature-based study to determine their needs regarding their identity formation, safety, mental health, and societal pressures within a rural context. An initial review of the literature on these concepts revealed that there is an evident gap in mental health outreach that is needed for queer youth in need of services and assistance. Even more so for needs and issues of the niche in-between age group that is rural queer emerging adults.

The purpose of my study is to create a model for an art therapy program for queer emerging adults in rural communities that promotes safety and belonging and provides both psychoeducation and art therapy treatment. The development of this program would offer a tailored therapeutic experience for this population suffering from systemic issues within rural culture. Ideally this program would reside in a temporary housing location, which would serve to provide basic needs of the queer, rural youth while simultaneously providing art therapy as a resource for these individuals' mental health needs. My research question is: How can an art therapy model meet the needs of queer emerging adults affected by systemic issues in rural culture?

As the researcher, I have a personal connection with the subject matter of my study. I grew up in a small rural community in Indiana. I am a queer person and have experienced the societal strain between acceptance and rejection within my community of origin. I love my community and see the value in growing up and living within a rural community that values tradition and rural pride. I conducted this literature-based research study to aid rural LGBTQ+ emerging adults' mental health.

Operational Definitions

Art therapy- is an "an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" (American Art Therapy Association, 2019, "About Art Therapy," para. 1).

Being out- refers to individuals who are open about their identity (Green and Patterson, 2004). This is the opposite of being closeted, which refers to an individual whose queer identity is not known by others (Green and Patterson, 2004).

Bullying- is the exploitation, mistreatment, abuse, and/or harm of someone by another person or group of people (Merriam-Webster, 2019).

Cisgender- refers to a person whose assigned sex at birth aligns with their gender identity (Merriam-Webster, 2019).

Discrimination- is "the act, practice, or an instance of discriminating categorically rather than individually" (Merriam-Webster, 2019).

Emerging adults- are persons aged 18 to 25 who share features of identity exploration, instability, focus on the self, feeling of being in-between, and addressing an abundance of possibilities (Arnett, 2020).

Gay-affirmative psychotherapy- also known as affirmative dynamic psychotherapy, refers to therapy where the therapist challenges the traditional, pathological view of homosexuality, develops a knowledge and understanding of clients identifying as LGBTQ+, challenges oppression in self and others, and integrates their knowledge and experience within their theoretical approach (Harrison, 2000).

Gender identity- is "a person's sense of being masculine, feminine, or other gendered" (Green and Patterson, 2004, p. 4).

Hate crimes- is any crime that is carried out with the motivation to harm a person based on the victim's religion, beliefs, race, gender, and/or sexual orientation (Merriam-Webster, 2019).

Heterosexuality- is a person's tendency to sexually desire the opposite sex (Merriam-Webster, 2019).

Homophobia- is the irrational fear of homosexuals or any behaviors that are not heterosexual or does not conform traditional, rigid sex role stereotypes (Green and Patterson, 2004).

Homosexual- is "a person primarily emotionally, physically, and/or sexually attracted to members of the same sex" (Green and Patterson, 2004, p. 5).

"In the closet" or "**being closeted" -** is terminology referring to queer or questioning individuals who will not or cannot disclose their queer identity (Green and Patterson, 2004).

LGBTQQIP2SAA- refers to "lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous, and asexual" (Milligan, 2014, "Language Matters," para. 8).

Minority stress- is a combination of "stigma, prejudice, and discrimination [creating] a hostile and stressful social environment causing mental health problems" (Meyer, 2003, p. 674).

Outing- is the "involuntary disclosure of one's sexual orientation, gender identity, or intersex status" (Green and Patterson, 2004, p. 7).

Prejudice- is "a conscious or unconscious negative belief about a whole group of people and its individual members" (Green and Patterson, 2004, p. 7).

Queer- is an umbrella term that encompasses all persons who identify an anything other than cisgender and heterosexual (Green and Patterson, 2004). For the purposes of flow and cohesion of this paper, the LGBTQIA+ community may be referred to as the queer community, gay community, or LGBTQ+ community.

Rural- "an area with an urban population of 50,000 or less and a population density not exceeding 1,000 per square mile" (Avtgis, Polack, Martin, & Rossi, 2010, p. 1).

Rural consciousness- is the respect and awareness of pride in community cohesion and tradition within a rural community (Boso, 2019).

Second adolescence- The first adolescence usually occurs between the ages of 13 and 17, however the second adolescence may occur in one's late teens, early twenties, or later depending on the individual (Ven, 2018). The majority of LGBTQ+ individuals who were not able to date people of their preference at the time of their first adolescence, experience a second adolescence when they first start to date someone who aligns with their sexual orientation. These individuals do not undergo puberty again, but they do experience the same excitement, nervousness, and elation that teenagers do when they first fall in love. (Ven, 2018).

Stereotype- is "a preconceived or oversimplified generalization about an entire group of people without regard for their individual differences. Though often negative, can also be complimentary. Even positive stereotypes can have a negative impact, however, simply because they involve broad generalizations that ignore individual realities" (Green and Patterson, 2004, p. 8).

Young adults- are persons aged 18 to 30 years (Petry, 2002).

CHAPTER II

METHODOLOGY

Literature-Based Study Approach

An integrative literature-based study was conducted to discover the treatment needs of LGBTQ+ emerging adults within a rural context in order to construct an art therapy treatment model tailored to this population. The needs of the LGBTQ+ rural emerging adult population related to mental health and art therapy treatment were gathered by reviewing literature found within peer-reviewed journals and academic books. Three identities were of specific focus of the gathered literature, based on sexual and gender orientation, location, and age: LGBTQ+, rural, and emerging adults. Emerging adults are defined as persons aged 18 to 25 years old and are regarded as a population that are caught in-between adolescence and adulthood, thus promoting the use of the both young adult and adolescent literature as intersections for this review.

These identities were then cross-examined with following five themes to determine treatment issues and needs for rural LGBTQ+ emerging adults, and how art therapy may meet these:

1. Rural culture
2. Systemic consequences of rural culture
3. Mental health symptomology
4. Mental health treatment
5. Art therapy treatment

Initial search terms used to find academic sources are included in Table 1, below. Due to the emerging nature of this topic, information was also sourced from newspaper articles, websites, and blogs.

Table I. *Initial Search Terms and Databases*

Search Terms	Subject Keywords	Databases
Art, Art Therapy, Bisexual, Discrimination, Emerging Adults, Depression, Gay, Homophobia, Homosexual, LGB, LGBT, LGBTQ, Mental Health, Oppression, Queer, Rural, Rural Culture Rural Outreach, Self-Harm, Suicide, Suicidal Ideation, Therapy, Young Adults, Youth	Art Therapy, Bisexual, Creative Therapy, Discrimination, Depression, Expressive Therapies, Emerging Adults, Gay, LGB, LGBT, LGBTQ, Marriage Equality, Outreach, Rural, Therapy, Young Adults	Academic Search Premiere EBSCO, Google Scholar IUPUI-World CAT, and JSTOR

This initial search of the literature was used to develop the best key words that would capture literature to support this immerging topic. The original keywords used in the initial search resulted in few results for the specific population intersections of LGBTQ+, rural, and emerging adults. However, similarities were found within the literature of needs between adolescent and adult LGBTQ+ individuals, which led to the inclusion of these age-ranges in the review. Literature pertaining to young adults, emerging adults, adolescents, and youth were searched and examined and integrated. The detailed matrix of searches can be found in Appendix A.

The largest yield of articles came from the key words LGBTQ discrimination at 5,539 results; a search of LGBTQ discrimination in rural areas or communities with young adults or

emerging adults yielded only one result. In regard to researching LGBTQ+ within a rural context, I searched the terms: discrimination, homelessness, hate crimes, isolation, and substance use to find literature on these general issues for LGBTQ+ individuals living in rural areas.

LGBTQ mental health search terms generated in the second largest yield at 1,406 results. The queer community in regard to mental health displayed a large amount of available literature, but in regard to treatment options for the community, the yielded results were smaller than the broad search. With the combination of search terms for LGBTQ mental health in rural young or emerging adults, a yield of two results. The amount of literature available for LGBTQ art therapy yielded four results, and when specified, LGBTQ art therapy within rural communities yielded 0 results.

This initial search caused me to fully conduct searches on the separate subjects within the literature-based study: LGBTQ+, rural communities, young or emerging adults, mental health, and art therapy treatment. I made connections and found themes amongst the literature to develop an art therapy treatment model specific to the needs of LGBTQ+ rural emerging adults. Literature that was gathered and examined were organized into four matrices to identify the most prominent needs and issues of the LGBTQ+ emerging adults in rural communities. These matrices are found in Appendix B. The identified themes were used to further analyze the literature and to create the final product of this study: An art therapy treatment model for LGBTQ+ rural emerging adults.

CHAPTER III

LITERATURE REVIEW

The following review of literature addresses the needs, barriers, and mental health treatment in regard to queer emerging adults in rural communities. First, I will address the niche concerns of LGBTQ+ emerging adults living in rural environments, these include religious legalism, hate crimes/bullying, and isolation. Secondly, I will expand upon the systemic consequences of queer emerging adults living within a rural context including homelessness, addiction, and mental health issues. Lastly, I will provide literature regarding past mistreatment of the LGBTQ+ population in regard to mental health, a gay-affirmative therapeutic approach, and art therapy treatment in regard to the queer community.

LGBTQ+ Emerging Adults

Due to the cultural shift between 1950's and the 2000's, American ideals of settling down with a home and family in one's early twenties to the current climate of adults settling down in their late twenties and early thirties, there has been a new developmental group that has surfaced: *emerging adults* (Arnett, 2015). Emerging adulthood encapsulates the ages of 18 to 25 years (Arnett, 2020). During this time, the following distinct features separate emerging adults from young adults: "identity exploration, instability, focus on the self, feeling of being in-between, and the age of possibility" (Arnett, 2015, p. 8). LGBTQ+ emerging adults may experience additional or different features of this developmental stage; for example, a *second adolescence* is often experienced by individuals identifying as queer in their early twenties (Ven, 2018). Due to discrimination and other systemic issues, these individuals have added mental health and safety concerns. LGBTQ+ individuals, in the 18 to 25 age range, are particularly at risk due to them nearing the typical age of onset for mental illness (Kessler, Amminger, Aguilar-Gaxiola, Alonso,

Lee, & Ustün, 2007). When the identity of the emerging adult does not align with their family's values or societal expectations of heteronormativity, the likelihood of substance use and homelessness increases (Ecker, 2016).

Rural Culture

When addressing the needs of a LGBTQ+, rural emerging adults, it is important to understand the context in which the population resides. Rural is defined as "small towns or settlements with low population density that are somewhat removed from more densely populated cities" (Boso, 2019, p. 942). Avtgis, Polack, Martin, & Rossi (2010) logistically defined a rural community as "an area with an urban population of 50,000 or less and a population density not exceeding 1,000 per square mile" (p. 1). However, identifying as a rural person does not solely rest on one's geographical point of residence. Rurality is similar to gender identity in how a person may identify; economic and cultural considerations may also impact a person's rural identity (Boso, 2019). Although persons may not currently reside in rural residences, they may have been raised in a rural community and identify as a rural person or person of the country.

Cramer (2016) identified *rural consciousness* as a center stone to rural culture, encompassing three components: (1) feelings of rural powerlessness to make meaningful change, (2) feelings that rural areas are distinct from urban areas in their culture and lifestyle (and that these differences are not respected), and (3) feelings that rural areas do not get their fair share of resources" (in Boso, 2016, p. 955). For example, as part of an ethnographic study of rural culture, Hochschild (2016), spent five years immersed in one southern rural community. She found that rural America feels pressured by liberal notions of accepting that minorities gain federal assistance that the rural majority needs as well (Hochschild, 2016). When rural

community fights against the notions and ideals of liberal communities in attempts to keep their culture in a state of familiarity and tradition, it slows positive legislative change toward LGBTQ+ acceptance and protection (Boso, 2019).

Williams (2017) research in queer lives within rural communities shows that protective laws of LGBTQ+ individuals are in conflict with rural cultural standards (in Boso, 2019). Rural communities often have an unspoken moral code that includes a "lifelong, heterosexual, monogamous, pro-life marriage" (Hochschild, 2016, Ch. 4). Rural communities' resentment continues to grow with legislature passed during the Obama era to protect the queer community, e.g., marriage equality, protecting queer individuals in the workplace, individuals in the military are encouraged to be open about their identities (Williams, 2017 in Boso, 2019). This resentment stems from the rural community feeling invisible to the decisions being made on a national level where they do not have a voice in how they would like their rural values of unity, pride, and tradition to be upheld (Boso, 2019). "In the last several years, legislators of predominantly rural states and small towns have channeled anti-gay resentment into hundreds of anti-LGBTQ bills and proposals" (Boso, 2019, p. 924). The basis of the discrimination and anti-LGBTQ+ attitude of rural, white Americans stem from their popular belief of "undeserving minorities who have gained rights and recognition, in contrast to the identities of and at the perceived expense of white, straight, working-class prestige" (Williams, 2017 in Boso, 2019, p. 925).

Religion. Rural communities are often times religiously affiliated and heavily influenced by traditional, religious ideals that promote community solidarity and comfort. Each organized religious group holds different sets of beliefs about of how their congregants should live their lives; these doctrines include whether or not LGBTQ+ persons are welcome in the organization or not. In 1950's America, persons who identified as other than heterosexual were forced to

assimilate, or act heterosexual and hide their identities, to participate in daily life as well as religious life (Drumheller & McQuay, 2010). Depending on the denomination and location, some churches are affirming (LGBTQ+ accepting) or non-affirming (anti-LGBTQ+).

Youth of the religiously conservative United States who question their sexual and/or gender identities are faced with great challenges when considering coming out with their identity (Drumheller & McQuay, 2010). Within rural communities that rely on religious regulations over social morality, individuals questioning their identities are highly unlikely to admit their queer identity much less seek out services that would aid their potential disparities regarding their mental health and sense of community (Drumheller & McQuay, 2010).

Shifts in religious theology lend to consequences for those who do not align with the expectations or law of the church. After the Church of Latter-Day Saints instated new handbook policy changes in 2015, excluding children of same-sex couples from being baptized in the church, Knoll (2016) researched the connection between the exclusive clause and the vast rise in Mormon youth suicide rates between 2009 and 2014 (p. 25). Deaths by suicide are difficult to document due to the victims being unable to formally comment on the matter. However, the research conducted within suicide rates and reasoning, researchers look for drastic cultural shifts and behavior modifications to adapt to the shift. Following the policy changes of a religious Mormon handbook, Mormon youth's suicide rates spiked (Knoll, 2016). This could be viewed as a correlational relationship between expectations and the rejection of identity and self. Some religious denominations look to a group of leaders who decide what laws the church must follow nationally or globally. For example, Jehovah's Witnesses abide by the laws set in place by the Governing Body and abide by material produced by the Watchtower, the headquarters for literature and media distribution for Jehovah's Witnesses (Webble, June 2, 2020). The

acceptance of LGBTQ+ members may difficult to be achieved when the leaders of the group are anti-LGBTQ+ acceptance and even more difficult for their members to express their identities without emotional turmoil.

Newport's (2014) study found that nearly fifty percent of queer Americans identified as non-religious. This study may evoke questions as to why queer individuals steer clear of faith-based organizations. A study of Christian campus-ministry groups on public universities found that more conservative denominations, Catholicism or evangelical Protestant groups, opposed gay marriage, whereas more mainline Protestant groups did not necessarily agree that same-sex marriage was wrong (Todd, McConnell, Odahl-Ruan, & Houston-Kolnik, 2017). In 2012, America's three largest affiliated Christian groups, the Roman Catholic Church, the Southern Baptist Convention, and United Methodist Church, which together make up 35% of the United States' Christian population, held to the principle that same-sex relations are unacceptable (Barnes & Meyer).

Religion has been a source of peace and pain for LGBTQ+ individuals (Human Rights Campaign, 2020), but there has been a rise in affirming churches who will welcome LGBTQ+ individuals as members and leaders of the church. Presently, churches are splitting due to the controversy of queer individuals to be accepted, respected members of the church. For example, the United Methodist Church is no longer united and is dividing due to the disagreement in a 2019 vote in including LGBTQ+ church members and clergy (The Associated Press, 2020, May 5). The schism continues throughout Christian denominations e.g., Presbyterian, American Baptist, Evangelical Lutheran, and Episcopal (Burke, 2020). The Human Rights Campaign (2020) listed religious organizations whom are affirming to the LGBTQ+ community within the following religions: Buddhism, Christianity, Hinduism, Humanism, Islam, Judaism, and

Unitarian Universalism. The full list of affirming churches within the denominations can be found on their website. While these general denominations are accepting of LGBTQ+, specific churches may differ in affirming and non-affirming depending upon the leadership and location of the church.

Isolation. "Isolation is a tragedy of circumstance for many LGBT individuals, especially youth" (Drumheller & McQuay, 2010, p. 71). Rural communities themselves are by definition isolated from other communities and rely on their own culture and resources to thrive. Rural culture perpetuates a set of ideals, community, and cultural cohesion; rural communities often have expectations of their LGBTQ+ residents to live quiet lives and not become open and public with their queer identities (Abelson, 2016).

Rural communities, based on the context above, may concoct a potentially dangerous environment for queer youth including hate crimes, legalistic religious values, prejudice, and job discrimination (Boso, 2019). When queer individuals are not able to express themselves openly in their community, mental duress and conflict within the self may occur. These societal pressures often cause LGBT+ youth to remain closeted and isolated from others in fear of emotional or physical harm. For example, Baldwin et al. (2017) found that bisexual women were shown to be closeted or out depending upon their environment and assumed safety. The community in which queer youth reside has a lasting impact on their thinking and processing of their identity. "Familial factors, genetic and/or environmental influences, may contribute substantially to decrease psychological adjustment among LGBT youth" (Långström, 2016, p. S156).

Hate crimes, bullying, and discrimination. Queer young people are more likely to report being sexually, emotionally, and physically abused and/or neglected than their

heterosexual, cis-gendered counterparts (Långström, 2016). Studies consistently show that experiences involving stigma and prejudice, e.g., being a target of bullying and harassment, correspond with poorer mental health outcomes for both LGBTQ+ youth and adults (D'Augelli et al., 2006). Whilst living within a discriminatory environment, LGBTQ+ individuals are at risk of adverse physical and mental health disparities (McCrone, 2018).

When people come out in a rural community as gay, lesbian, bisexual, transgender, pansexual, queer, or transgendered, the act of exclaiming one's identity is not typically welcomed in the small town due to the rural consciousness with respect and comfort for tradition and heterosexuality (Boso, 2019). Even when physical needs are met, a person's mental and physical health may be at risk of domestic harm. Not only are queer youth victimized within their households, but they are often victims of bullying within their schools. In tandem with high rates of harassment and persecution, homophobia and heterosexism pose a grave barrier for queer young adults attempting to navigate their identities which lends to their *minority stress* (Gillum, 2017). Sexual minorities experience stress due to deviating from the status quo of heteronormativity and homophobia. These stressors of society may not fade away, but when establishing safety within a community, this allows queer youth feelings of belonging.

Systemic Consequences for LGBTQ+ Individuals in Rural Context

Within a rural context as described above, LGBTQ+ individuals are faced with consequences as a result of their identities which do not align with the social norms of heteronormativity. When living in community that has a pre-established culture and flow, the othered person or persons face consequences of being different than the society built around the principle of heteronormative lifestyles. Some of these consequences include homelessness, substance use, and mental health issues.

Homelessness. When emerging adults are discovering who they are as LGBTQ+, their parents may not agree with their choice to live authentically and openly with their identities. When there is discourse within the home in regard to the child's sexual orientation, some individuals are homeless as a result of the dispute. Queer youth have reported being homeless due to familial rejection, personal substance use, parental substance use, verbal abuse, and/or physical abuse (Gangamma, Slesnick, Toviessi, & Serovich, 2008). Queer emerging adults report being persecuted based on their peers' perception of their identities, however homeless queer young people recounted being more heavily victimized than their housed LGBTQ+ counterparts (Ecker, 2016). LGBTQ+ individuals within the ages of adolescence, emerging adulthood, and young adulthood exhibit homelessness as a result of their familial rejection of their identity; unlike their heterosexual counterparts, queer individuals do not usually reconnect with their families and exit homelessness but rather depend on the social service system to find stability (Ecker, 2016). Queer emerging adults also struggle within the social service system due to discrimination from social service workers based on their LGBTQ+ identities (Ecker, 2016).

Substance use. Homelessness and addiction exhibit a comorbid, cyclical relationship amongst queer emerging adults within literature. In comparison to heterosexual homeless young people, homeless LGBTQ+ emerging adults show a higher rate of using substances (Ecker, 2016). Queer young people who are homeless are at-risk for abusing substances upon homeless entry, and two-fold queer young people who use substances are more likely to become homeless (Ecker, 2016). With the stressors of discrimination from their home and society within their social ecosystem, queer emerging adults are at-risk of using substances to cope with these feelings of being different or othered within the community (Ecker, 2016).

Per systemic study review by Peltzer and Pengpid, (2016), university-aged LGBTQ+ individuals are shown to have a higher risk of substance use and alcohol disorder than their heterosexual peers. With this raised risk of queer emerging adults using substances and potentially becoming addicted to substances, LGBTQ+ individuals who use substances are at greater risk of neglecting their sexual health which may lead to the contraction of sexually transmitted diseases and/or HIV (Gangamma, 2008). Safe sex practices are often neglected when using substances in tandem with seeking sexual experiences; and this goes across the LGBTQ+ population, for example, lesbian and bisexual women are at the greatest risk of contracting HIV when using substances in comparison to gay men and heterosexual persons (Gangamma, 2008).

Mental health issues. Harrison (2008) noted that historically homosexuals were viewed in the past as "sinful, sick, and illegal" (p. 38). In the 20th Century there was a scientific shift in societal thinking in which "homosexuality was seen as sick rather than bad," (Harrison, 2000, p. 38). Accordingly, homosexuality was diagnosed as a mental disorder by the American Psychiatric Association, and that did not change until 1973 (Harrison, 2000; Dawson, 1994).

Mental wellness is vital to individuals who feel they have been othered in society. With rural communities in mind, queer emerging adults often times find themselves as a minority and face stressors that the majority does not feel. These added stressors can compound and lead to mental illness among LGBT+ emerging adults, which if not treated creates long-term health consequences. Transgender men, in comparison to heterosexual men, have "three times the odds of chronic health conditions, psychiatric conditions, and posttraumatic stress disorder, and over ten times the odds of experiencing current domestic violence or abuse" (Flentje, Carrico, Zheng, & Dilley, 2016, p. 1006). Young adults and adolescents who experience same-sex attraction expressed similar levels of depressive symptomology and suicidality as adult sexual minorities

indicating that difficulties in psychosocial adjustment has long-term impact (Fish & Pasley, 2015, p. 1524). LGBT+ youth are more likely to experience mental health challenges and are less likely to seek treatment due to minority stress and lack of accessible resources within rural communities. “LGBT youth reported significantly more symptoms of anxiety, depression, ADHD, ED, and substance misuse in addition to increased parent-reported behavioral problems” (Långström, 2016, p. S156). When LGBTQ+ emerging adults are left to cope with minority stressors without coping skills, self-harm may be a tool to bring one’s self back into reality; self-injury can be seen as a grounding technique in times of duress.

With isolation, mental illness, and environmental pressures in mind, suicidal ideation and completion are a great risk to the young queer community. Sexual minorities experience greater rates of suicidality (Fish & Pasley, 2015). Statistics and evidence of transgender youth being more susceptible to suicidality indicates a link between queer youth, mental illness, and despair (Peterson, Matthews, Copps, & Conrad, 2017). Therefore, need for community and healthy spaces for queer youth are imperative to their health and well-being. “More than one quarter of transgender youth reported a history of at least one suicide attempt and 41.8% indicated a history of self-injurious behaviors” (Peterson et al., 2017, p. 479).

Mental Health Treatment with LGBTQ+

When considering the mental health treatment needs of LGBTQ+ individuals, practitioners must be aware of the historical treatment of this population within the realm of psychology. Homosexuality was published as a mental disorder in the first edition of the Diagnostic and Statistical Manuel of Mental Disorders (DSM) by the American Psychological Association in 1952 (Baughy-Gill, 2011). Homosexuality as a mental disorder was removed from the DSM in 1973 (Baughy-Gill, 2011). Discrimination and belief that LGBTQ+

individuals could be “cured” persisted after the abolition of the diagnosis; in 1991, the APA “passed a resolution opposing public and private discrimination against homosexuals” (Baughy-Gill, 2011, p. 9). The historical ebb and flow of sexuality in regard to being pathological, curable, and optional, results in a potential hesitancy when queer individuals approach treatment for their mental health.

Conversion therapy and reparative therapy. Unfortunately, there are threatening approaches posing as LGBTQ+ mental health treatment known as *reparative therapy* or *conversion therapy*. Reparative therapy is centered around the belief that homosexuality is a choice that can reversed or repaired; however, culminating research indicates that reparative, also known as conversion therapy, is unethical and damaging to the client (Besen, 2003). A New York Times article stated that after 37 years of conducting reparative therapy on LGBTQ+ identifying persons, Exodus International’s president, Alan Chambers, chose to shut down their organization and apologized in a letter saying, “ I am sorry we promoted sexual orientation change efforts and reparative theories about sexual orientation that stigmatized parents” (Lovett, June 20, 2003, para. 4). There is hope that conversion therapy will eventually cease to exist, but there are gray areas regarding the separation of church and state in regard to religious organizations conducting reparative therapies. When practicing ethically with the LGBTQ+ population, clinicians must hold fast to their ethical principles and put their client’s safety first. In the New York Times, Brinton shared their account about a two-year conversion therapy experience involving electric shock, heat, and ice applied while viewing homosexual imagery in session (2018, Jan. 24). Past harmful experiences with conversion therapists may deter individuals from seeking future treatment from ethical, licensed clinicians.

Barriers to treatment. With the historical context in mind, there are common barriers to treatment for emerging adults who lie within the sexual and gendered minority of a rural society. The discrimination within the healthcare system deters the likelihood of LGBTQ+ seeking out both mental and physical healthcare due to fear in a breach of confidentiality (Flentje, et al., 2016). Rural emerging adults may not seek mental health treatment due to the "stigma [and/or shame] around help seeking, poor motivation for treatment, beliefs antagonistic to seeking help, reliance on informal supports, negative past experiences with services, confidentiality/trust concerns, cost, and service inaccessibility (location, hours)" **(**Brown, Rice, Rickwood, & Parker, 2015, p. 9). Further, Brown et al.'s study found that if young people who are seeking identify with more than one minority population (LGBTQ+, rural, homeless, substance-using, or culturally or linguistically diverse) they are at an increased disadvantage in seeking and receiving mental health services (2015).

The coming out process. Before coming out, individuals typically explore their identities through hobbies, interests, and casually skim through their role model's lives when addressing their own identities (Pelton-Sweet & Sherry, 2008). Fortunately, the United States' present cultural climate allows for LGBTQ+ representation in television, movies, music, and advertising. Although it is limited in representation in comparison to heterosexual representation, the exemplification of queer people in the media allows for young people to see that identifying as anything other than cis-gendered and heterosexual is feasible. However, during the coming out process, LGBTQ+ individuals suffer a significant decrease in emotional and physical well-being (Pelton-Sweet & Sherry, 2008).

LGBTQ+ emerging adults may have experienced backlash when forming their queer identities; blatantly addressing their identity in session verbally may insight triggers or derail

treatment progress. A group strengths-based approach to coming out for LGBTQ+ young adults was studied by Ali & Lambie (2019) who found that when conducting a group for LGBTQ+ individuals the facilitator must take an affirmative approach to promote growth and acceptance within the turbulent time of becoming familiar with one's new identity (Ali & Lambie, 2019). Approaching mental health treatment within the young queer community is a delicate balance of acceptance and attentiveness to the needs of the population. Group therapy provides a social support that promotes the likelihood of persons involved within the group to build heathier support systems and exercise effective communication with their supports (Ali & Lambie, 2019). Ali and Lambie found that while experiencing the coming out process in a group setting promoted "adaptive coping, social support, and growth in relation to coming out concerns" (2019, p. 56).

Identity exploration and formation are imperative in the well-being and development of LGBTQ+ individuals. Some LGBTQ+ individual residing in rural society live comfortably whilst following unsaid guidelines of keeping their identities hidden from public view (Boso, 2019). However, when absorbing the macro-messages of heteronormativity and anti-LGBTQ+ ideals, individuals may stunt or halt their identity development (Ecker, 2016). Unfortunately, society has been constructed to develop heterosexual, cis-gendered individuals and any person identifying otherwise are called to announce their identity (Ali & Lambie, 2019). The surmounted stress of identifying, addressing, and expressing one's identity is a lifelong process due to sexuality and gender identity fluctuating on a spectrum (Ali & Lambie, 2019).

Gay-affirmative psychotherapy treatment. Gay-affirmative psychotherapy, also known as affirmative dynamic psychotherapy, refers to therapy where the therapist challenges the traditional, pathological view of homosexuality, develops a knowledge and understanding of clients identifying as LGBTQ+, challenges oppression in self and others, and integrates their

knowledge and experience within their theoretical approach (Harrison, 2000). When establishing rapport with LGBTQ+ clients, a group approach may accommodate the needs of the population to have a positive environment and community experience. Even when developing a chosen community via group therapy, safety and confidentiality must be established in order for members of the new community to feel able to be open and honest about their identities (Flentje, et al., 2016). When authenticity is the focus in group therapeutic approaches, the group will breed growth and tolerance amongst all members (Ali & Lambie, 2019). "Among youth, higher levels of outness correlated with greater well-being. These findings emphasize the positive role of the process by which LGBQ individuals accept their sexual orientation and disclose it to others, especially among youth" (Shilo & Savaya, 2012). An opportunity for youth to express their identities within a safe space is paramount to the well-being of queer youth. "Identity informs values, decision making, and quality of life" (Ridley, 2015, p. 130). The affirmation and support of queer individuals promotes well-being and alleviates the effects of social stressors and mental anguish in LGBTQ+ individuals (Shilo, Antebi, & Mor, 2015).

Anti-oppressive treatment approach. The essence of using an anti-oppressive treatment approach is to celebrate and explore differences rather than ignore diversity and the importance it plays within society (Kaptian, 2018). An anti-oppressive informed clinician works to understand the relationships of power and privilege in regard to minorities within society while working to empower individuals in treatment who are a part of the oppressed faction of people (Rogers, 2012). When working within the dyad of oppression and privilege, this treatment approach works to empower individuals in treatment and promote an egalitarian relationship between the therapist and client. By approaching treatment through an anti-oppressive lens, the therapist and clients work together to discuss power, privilege, and thus exposing oppression (Rogers, 2012).

An anti-oppressive treatment approach can be beneficial for the LGBTQ+ rural community by addressing the discrimination, isolation, victimization, and oppression that befalls queer individuals within a rural context.

Art Therapy with LGBTQ+ Individuals

In regard to treating the LGBTQ+ population, there are limited resources available for treating the queer community with specifically art therapy. Verbal therapy is what most people regard as therapy. Art therapy provides an avenue that promotes expression without relying solely on spoken verbiage. Art therapy mental health treatment provides a combined verbal and nonverbal therapeutic experience to accommodate a client's needs. At times when expressing one's self verbally may be a challenge, art therapy can promote a client's safety, process, and well-being nonverbally. Using art therapy as a therapeutic approach to treat queer emerging adults addresses boundaries and barriers to verbal therapy. Unfortunately, there are a limited number of academic, peer-reviewed resources available for art therapy with the queer community. However, literature that addresses mental health treatment avenues, both in art therapy and psychotherapeutic approaches, can be combined to address the population's most notable diagnoses.

The therapeutic practice of art therapy provides a space for exploration and transformation within the client (MacIntosh, 2017). When working with a vulnerable population, like LGBTQ+, that may have difficulty with verbalizing identity and trauma, art therapy provides a non-threatening treatment approach to treatment of mental health symptoms. By creating artwork within a therapeutic space, the client will exhibit their therapeutic growth or regression via the artwork produced. There is a bridge built between the client's experience reaching over to communicate with the art therapist to tell their story (MacIntosh, 2017).

Art therapy fundamentally involves a three-way mode of communication between the client, the therapist, and the artwork (Ioannides, 2016). The process of art therapy often exercises the practice of externalizing issues into the artwork instead of the client solely carrying the issue internally. Art therapy interventions are a "creative process involved in the making of art is healing and can help individuals increase self-awareness, cope with stressful and traumatic experiences, and acquire self-knowledge" (Ioannides, 2016, p. 99). Art therapy with queer individuals, in a group, provides a safe space for discussing sexuality, developing social skills, preparing to coming out, and developing identity (Wiggins, 2018).

Art therapists are ethically opposed to discriminating clients based on gender identity or sexual orientation (Addison, 2003). However, resources and research with LGBTQ+ population and art therapy are extremely limited and may not be taught to up and coming art therapists; new art therapists must look to other fields of study when learning how to appropriately treat the queer community (Addison, 2003). For example, in combination with the number of resources available for gay-affirmative psychotherapy treatment with the LGBTQ+ population, an appropriate and needs-based therapeutic approach for art therapy could be developed. In addition, it is essential for art therapists to process their anxieties associated with their own sexual and gender identities in order to provide ethical care for LGBTQ+ clients (Fraser & Waldman, 2003).

Applicable interventions. By using collage with LGBTQ+ magazine imagery, art therapy can provide clients with the opportunity to address issues in their identity, desires, and identification (Fraser & Waldman, 2003). When using imagery that aligns with the client's identity, this provides a moment of reflection and contemplation for rural, queer clients who may not have had exposure to imagery of queer people in the media. It is important that the client

chooses the imagery within the magazine or cut imagery; the choice of images and pictures is a connection between the client's experience and identity formation.

Facilitating an image of the self provides a powerful therapeutic experience, for both the client and the therapist, of externalizing one's view of the self. An example of a young gay man who longed for his mother's acceptance depicted a void of self in an image; this image provided an opportunity to discuss his needs, issues, and longing for support (Fraser & Waldman, 2003). When addressing the self, art therapists need to address the special concerns that align with the LGBTQ+ population including but not limited to discrimination, prejudice, rejection, religious conflicts, stigmatization, gender and sexuality confusion, and physical danger (Addison, 2003).

The intervention, inside me and outside me, provides LGBTQ+ clients with an opportunity to identify and address the cohesion of their internal and external identities. The inside me outside me intervention is used to externalize what the client believes how the world sees them and what how they see themselves; this intervention can be conducted in two different ways either by creating the versions of self via a box or a mask (Makin, 2000). The importance of identity within treating the LGBT+ population derives from the struggle with homophobia whether it be internalized or found externally within society. When focusing on identity with a minority population, queer individuals, whom are out with their LGBTQ+ identity, are thrust into a new position of oppression and increases their chances of mistreatment (Addison, 2003). The choice to come out is vital to a queer person's identity development and to living a life of authentic relationships, however, the coming out process differs from each individual based on the acceptance and physical safety within their community and/or family (Pelton-Sweet & Sherry, 2008). However, clients may have an increased risk of harm if they do come out or are

simply not ready to come out, and it is because of these circumstances that outness does not equal a higher level of health (Pelton-Sweet & Sherry, 2008).

CHAPTER IV

RESULTS

An integrative literature-based review was conducted to study the treatment needs of LGBTQ+ rural emerging adults through the following five themes:

1. Rural culture
2. Systemic consequences of rural culture
3. Barriers to mental health treatment
4. Mental health treatment
5. Art therapy treatment

The most relevant literature was analyzed using matrices to display the prevalence of the needs related to these five themes. These detailed matrices can be found in Appendix B.

Key Findings

The key findings from the search results and matrixed review of the literature are identified below. These findings provide guidance for the development of the art therapy treatment program for rural LBGTQ+ emerging adults.

1. There is an inherent culture clash between LGBTQ+ culture and rural culture.
    - Rural culture perpetuates the ideal of sameness within the community; people identifying as LGBTQ+ may be seen as causing a disruption within the rural culture (Boso, 2019).
    - LGBTQ+ culture is shared amongst any person who is not heterosexual, cis-gendered, or allies who support diversity and equality for queer individuals (Ali & Lambie, 2019).

- People living in rural culture may associate LGBTQ+ with liberal ideas. Due to perceptions of rural communities having a lack of direct influence on federal policy, individuals may grow resentful and feel that liberal ideals are encroaching on their cultural values (Boso, 2016); LGBTQ+ marriage equality, in the United States, caused issues with a clash of ideas in rural communities (Boso, 2019).

2. The most prevalent systemic issues related to rural culture are discrimination and isolation.
    - Living within a rural context causes minority stress for LGBTQ+ individuals who go against the ideals of heteronormativity in rural culture (Boso, 2019). For example, when LGBTQ+ individuals open up about their identities, they may fall victim to discrimination and distaste from their community as a result of causing members of the community discomfort due to the alteration to the rural cultural fabric.
    - Living with an out LGBTQ+ identity can be dangerous (Addison, 2003). For example, transgender men in the Southeast and Midwest rural United States claimed that there are areas where LGBTQ+ are threatened with violence and abuse, however, when rural LGBTQ+ individuals align with rural interests of family and community, these individuals reported living peaceful lives in the country (Abelson, 2016).
    - Homosexuality historically was seen as “sinful, sick, and illegal,” (Harrison, 2000, p. 38); as this foundation was carried through the twentieth century, individuals in more isolated rural areas may continue to believe these notions based on the lack of influence from surrounding communities (Boso, 2016).
    - Isolation breeds tragedy for young LGBTQ+ individuals (Drumheller & McQuay, 2010). Within rural contexts with religious affiliation, members of the community may be tolerant of LGBTQ+ individuals, but tolerance does not equal acceptance or

support which lends to loneliness and otherness within the rural community (Drumheller & McQuay, 2010).

- When living in a community with a stigmatized view of queer individuals, finding a sense of community, especially in a faith-based organization, is a challenge (Barnes & Meyer, 2012).

3. The most common mental health issues for this population are anxiety, depression, and suicidal ideation.
    - LGBTQ+ young people suffer more symptoms of anxiety and depression than their heterosexual counterparts" (Långström, 2016).
    - Sexual minorities experience greater rates of suicidality (Fish & Pasley, 2015).
    - With experiences of stigma, discrimination, and prejudice, LGBTQ+ emerging adults have poorer mental health outcomes (D'Augelli et al., 2006).
    - LGBTQ+ individuals are at greater risk of developing mental health disparities compared to peers whom identify as straight and cis-gendered (Meyer, 2003).
    - Haas and Lane (2015) discussed the mortality rate of LGBTQ+ individuals with death by suicide and the raised risk of suicide in these individuals.
4. The most prominent fear for seeking mental health treatment for LGBTQ+ individuals in the rural context is the fear of being outed, changed, or mistreated based on their gender and sexual identities.
    - With the pressures of rural cultural sameness, rural LGBTQ+ emerging adults are at increased disadvantage in seeking mental health services due to fear of harassment (Brown et al., 2015).

- Coming out poses challenges and strains on relationships with unaccepting family members (Morales, 2017).
- Common barriers to treatment for rural young people are stigma/shame for seeking services, reliance on informal supports, lack of knowledge of services, and fear of breach in confidentiality (Brown et al., 2015).
- Coming out affects individuals "personal, professional, social, and spiritual relationships" as well as their relationships with "substances, education, and their mental and physical health" (Morales, 2017, p. 47).
- The fear of being outed due to group therapy work is common in the LGBTQ+ community. The American Counseling Association (2014) provides guidelines on how outing someone, whether it be a client or coworker, in not only unethical but poses a threat to the person's physical and emotional safety.
- Anti-oppressive and gay-affirmative approach addresses the overarching goal of providing minority-positive treatment (Kapitan, 2018) and affirms LGBTQ+ identities and their challenges within society (Harrison, 2000). The use of an anti-oppressive treatment approach with LGBTQ+ individuals promotes a celebration of diversity and the role it plays within society (Kapitan, 2018).

5. Art therapy is an emerging treatment modality to address barrier to treatment described above.
    - By using art therapy interventions that are LGBTQ+ representative, art therapy promotes identity formation and provides a safe space to explore all emotions within a confidential, therapeutic space (Fraser & Waldman, 2003).

- Group art therapy with queer individuals provides a safe space for discussing sexuality, developing social skills, preparing to come out, and developing identity (Wiggins, 2018).
- Art therapy paired with written dialogue of thoughts showed a greater rate of understanding and exploring amongst a group of LGBTQ+ young people (Morales, 2017).
- When given reflective distance during art therapy, LGBTQ+ individuals were given the opportunity to process their initial reactions and/or dive deeper into finding meaning within their artwork (Morales, 2017).
- Therefore, key art therapy treatment goals for this population include providing a safe place, increasing opportunity feelings of belonging and community, working on identity formation and acceptance.

Model for Art Therapy program for LGBTQ+ emerging adults in rural communities

Introduction. The collected literature was examined to develop a treatment model for LGBTQ+ emerging adults whom either live or originated from rural communities. This model is intended to be a starting point to address the complex treatment needs of queer individuals living in a community that may not embrace their identity. The model identifies key issues, needs, and goals for art therapy with this population. From this foundation, a more comprehensive, detailed, and individualized treatment program can be developed. It is also intended as a resource to educate clinicians on the needs of this niche group of individuals and how to ethically treat LGBTQ+ individuals. The following describes how the model and how it is designed.

Population. The model focuses on the needs, issues, and goals of emerging adults who identify as LGBTQ+ in rural communities. The specifics were determined based on the treatment needs within the emerging adult population. Emerging adults are aged between 18 and 25 years (Arnett, 2020) while young adults are aged 18 to 30 years (Petry, 2020). Therefore, emerging adults are a focus group within the larger population of young adults. Emerging adults were chosen to be the focus of this model based on the vulnerability of this age group. This population experiences compounding issues of being an emerging adult, LGBTQ+, and rural circumstances; the compounding pressures and stressors leave this population at-risk for lower mental and physical wellness. LGBTQ+ emerging adults experience stressors revolving around stigma, discrimination, identity development, and prejudice (Frost, Meyer, & Hammack, 2014). The emerging adult age group is especially at risk for mental health issues such as depression due to separation from their original home and support system, loneliness, and exploration (Nelson & Barry, 2005). In 2013, 30% of college students were diagnosed with a mental health diagnosis (Skyland Trail, 2019).

Purpose. This model was constructed to assist in educating and guiding clinicians in ethically and effectively treating queer rural emerging adults. It fills a void of research done on creating a model for art therapy treatment for this niche population. With the limited number of resources on this integrated population, this model was created as a foundation for further research to be conducted when testing the efficacy of this model in practice.

Theoretical foundation. I am creating this model through an anti-oppressive practice (AOP) lens. Anti-oppressive practice is an approach in which differences are treated as a norm rather than a basis for exclusion. By being “characteristically difference-centered,” the AOP model

promotes psychoeducation on marginalization of minorities within normative spaces in which they may be excluded (Kapitan, 2018, p. 169).

Design / Structure. This art therapy treatment model was designed to be used by art therapists and be a guide to treating LGBTQ+ emerging adults. The structure was created in a user-friendly manner to provide a clear and concise flow for creating a treatment plan. Three main components are included: issues, needs, and goals. Issues are drawn from themes found within the integrative literature-based study on rural, LGBTQ+, and emerging adult concerns. The needs follow from these key issues and were also gathered by analyzing the data collected from the literature (See Appendix B). Finally, goals were created based on the identified issues and needs to determine the focus of the art therapy treatment with the ultimate motivation to accomplish the goals. The following provides definitions for each component:

Issues. Issues can be defined as underlying "causative agents for human behavior;" they are hidden under layers of life experience and may be unknown to the individual (Turning Winds, 2020, "Glossary: Letter U," para. 1). By analyzing the literature, a group of common issues were found within the intersecting identities of the population. These include: lack of acceptance of identity, isolation, and mental health issues. In addition to these overarching issues, or instead of them, are issues that are specific to the client; these are ideally noted during an intake evaluation. Although sexuality and gender identity issues may be a focus for some LGBTQ+ clients, others may bring different issues to the therapeutic space other than their gender or sexual identity (Corey, 2015).

Needs. The treatment needs identified for this population follow directly from the issues above and relate to the lack of positive factors within the population's intersection of identities. These include: an opportunity to express and explore one's identity, a safe place to experience

community and belonging, and psychoeducation and mental health treatment. Therapeutic needs can be defined as what a client needs to possess in order to achieve mental health wellness and overcome their psychological issues. The needs above were identified through the literature; however, in practice each client's needs are specific to the person and will be addressed and met through therapeutic means when working with a mental health professional (Turning Winds, 2020).

Goals. Therapeutic goals are constructed based on the assessment of issues and needs of the focus population or individual. Treatment goals are usually identified to address both short- or long-term goals.

Mental health need is high in LGBTQ+ individuals (Meyer, 2003), and mental health services and education on mental health and diagnoses are limited in rural populations (Jameson & Blank, 2007). Anxiety, depression, self-harm, substance use, and suicidal ideation are seen to be a prevalent issue amongst LGBTQ+ individuals per the literature-based review. Psychoeducation proved to be beneficial to LGBTQ+ clients in providing them with the resources to understand their diagnoses and the therapeutic process (Israel, Gorcheva, Burnes, & Walther, 2008). They are used to assess progress through treatment and support the ideal outcome of treatment. For LGBTQ+ rural emerging adults, the overarching goals identified include: experiencing an accepting and tolerant environment where they can safely explore their identity (Pelton-Sweet & Sherry, 2008), a sense of community and belonging within art therapy groups (Ali & Lambie, 2019), and safety through a therapeutic relationship (Addison, 2003). Individual treatment goals tailored to the specific issues and needs identified for that person will build on these overarching goals. The most important aspect of creating treatment goals is to

meet the client where they are and align the treatment goals with the client's values and for the art therapist to respect and work alongside the client (Corey, 2015).

Issue/Need/Goal #1

Lack of acceptance of identity (issue). Rural communities pose discrimination and propose anti-LGBTQ+ bills to perpetuate the invisibility of queer individuals' rights (Boso, 2019). This lack of visibility perpetuates a mentality of oppression and mistreatment of gender and sexual minorities. The issue within the rural communities is a lack of acceptance LGBTQ+ identities and lawful representation and protections of these individuals.

Opportunity and space to express and explore identity (need). LGBTQ+ rural emerging adults need a safe space to explore and express their identity without fear of emotional or physical harm. Queer young people are more likely to report being sexually, emotionally, and/or physically abused or neglected than their heterosexual cis-gendered peers (Långström, 2016).

Explore, process, and establish identity and sense of self (goal). The goal for this population is for them to be able to explore their identity, process their identity, and establish a sense of self.

Art therapy treatment approaches:

- *Collage.* By providing LGBTQ+ magazine imagery, art therapy interventions with collage can pose to be a powerful medium in addressing clients' identities, desires, and identification with LGBTQ+ imagery (Fraser & Waldman, 2003).
- *Self-portraits.* Creating a self-portrait can inform clients as well as therapists of the stage of identity formation that the client is currently in (Addison, 2003).

- *Inside me/outside me.* Through this directive, clients are able to explore the difference in how the world perceives them and how they perceive themselves; this dyad will assist clients and therapist in building the bridge between the two selves (Making, 2000).

Issue/Need/Goal #2

Isolation (issue) Within the rural community, which is inherently isolated from other societal influences, LGBTQ+ identities may not be accepted within the rural culture of sameness and traditional heterosexuality (Abelson, 2016 in Boso 2019). This need for acceptance and community within a rural societal structure brings forth the issue of LGBTQ+ emerging adults finding a safe and accepting community.

Safe space to experience community and belonging (need). The need for a safe space to experience community is derived from the lack of safe spaces for LGBTQ+ emerging adults to be open and authentic with their identities within the general rural society. This safe space provided by art therapists gives this population the opportunity to experiment with their identities and express themselves authentically without negative pressures or repercussions.

Increase feelings of community and belonging (goal). The goal of creating this safe space is to increase the rural LGBTQ+ emerging adults with feelings of community and belonging. By accomplishing this, this population will find allies and friends whom they can share authentic conversations and build their support system within a community that may not be supportive of their authenticity.

Art therapy treatment approaches:

- *Group art therapy experiences.* By providing the population with group art therapy experiences, group members are given the opportunity to experience social support,

practice communication methods, and build a sense of community (Ali & Lambie, 2019). Group art therapy provides an opportunity for discussing sexuality, developing social skills, preparing to come out, and developing one's identity (Wiggins, 2018). Using group names that hit on the role of the group but do not expose the group members' identities is imperative to confidentiality and safety. Examples of titles of groups that can be used include but are not limited to "Identity Exploration Group" or "Exploring the Inner Self."

- *Community LGBTQ+ events.* After the group has established rapport and trust, bringing the group into community LGBTQ+ events can build confidence and acceptance of their identities with community members who share their experiences. However, based on each specific community, public LGBTQ+ events may not be available or safe for group members to attend. If members do not feel comfortable attending these events, do not pressure them to participate. Prematurely introducing group members into community events that may not be sensitive to each individual's life experience may be overwhelming or cause harm. It is ethically sound to give members psychoeducation on these events and opportunities for them to experience when they are ready to do so.

Issue/Need/Goal #3

Anxiety, depression, self-harm, substance use, and suicidal ideation (issue). LGBTQ+ emerging adults are at risk for mental health symptomology and onset during this stage in their development. LGBTQ+ young people experience reportedly higher symptomology of anxiety, depression, eating disorders, attention-deficit hyperactivity disorder, and substance misuse than their heterosexual, cis-gendered counterparts (Långström, 2016). Suicidality and

depressive symptoms are seen in young adults who express same-sex attraction and pose issues with psychological adjustment (Fish & Pasley, 2015). Transgender men are two to three times more likely to experience "depression, anxiety, suicidal ideation, self-harm, and inpatient/outpatient mental health care" (Peterson et al., 2017, p. 475). An issue compounding the likelihood of risk of these individuals when seeking treatment are barriers to treatment. Barriers to treatment may include past experiences with unethical modes of mental health treatment such as conversion therapy. Conversion therapy, also known as reparative therapy, is an unethical mode of psychological treatment that poses sexual and gender minorities as reversable or repairable posing harm to the clients who are being exposed to this treatment (Besen, 2003).

Both psychoeducation and treatment (need). In addressing this at-risk population, the need is to provide this population with sound, ethical treatment to promote wellness through gay-affirmative and anti-oppressive therapeutic forums. Gay-affirmative therapy refers to a therapeutic model that challenges the traditional, pathological view of homosexuality as a disorder (Harrison, 200). An anti-oppressive therapeutic model provides clients with psychoeducation of societal oppression and assists clients in celebrating their diversity (Kapitan, 2018).

Educate individuals on the nature of mental health issues while addressing their treatment needs (goal). The goal of utilizing both anti-oppressive and gay-affirmative therapeutic approaches is to provide psychoeducation to individuals while providing an ethical safe space for identity exploration.

Art therapy treatment approaches:

- *Group art therapy.* During the coming out process and experimenting with identities, experiencing therapy with a group provides shared experience, growth, and acceptance in a time of uncertainty and fear (Ali & Lambie, 2019).
- *Individual art therapy.* Individual art therapy provides a private space for individuals to explore their specific needs, issues, and identity formation (Fraser & Waldman, 2003).
- *Psychoeducational groups.* psychoeducational groups, through the anti-oppressive lens, provides group members with insight into their mental health diagnoses as well as the marginalization and oppression of the LGBTQ+ community (Kapitan, 2018).

Recap of Issues, Needs, and Goals

1. **Issues**
    - Lack of acceptance of identity
    - Isolation
    - Mental health (anxiety, depression, PTSD, self-harm, substance use, suicidal ideation)
2. **Needs**
    - Opportunity to express and explore identity
    - Safe space to experience community and belonging
    - Psychoeducation and treatment
3. **Goals**
    - Therapeutically explore, process, and establish identity and sense of self
    - Increase the sense of community and belonging within art therapy groups

- Educate individuals on the nature of mental health issues while addressing their treatment needs

4. **Therapeutic approaches to meet goals**
    - Provide art therapy treatment through an anti-oppressive lens
    - Conduct art therapy LGBTQ+ groups and individual treatment to address the issues and needs of the population.

CHAPTER V

DISCUSSION

After examining the literature accumulated and cross-examined and creating my model, I discovered six key topics (complex identity, stage of development, location, individualized goals, group therapy and importance of community, safety, and preventing suicide) that directly affect rural queer emerging adults' needs, issues, and contextual implications. As previously mentioned, the literature was cross-examined to gather information to address the depth of this population's needs in regard emotional and mental well-being. The following topics present the culmination of my research findings and complexities in understanding and treating rural queer emerging adults.

Complex Identity

Originally, I began my literature search by searching the subjects' identity as a whole in tandem with art therapy treatment (see Appendix A). The search results for the holistic identity produced zero results, proving the lack of research currently published on rural LGBTQ+ emerging adults in art therapy and/or psychotherapy treatment. Therefore, due to the complex intersectional identity of the focus population, I needed to research each sect of the population's identity. I examined literature regarding specific sects of LGBTQ+ persons, emerging adults, young adults, adolescents, and rurality issues separately. As previously mentioned, young adults and adolescents were included within the research parameter due to the nature of needs and stages of development for queer persons emerging into adulthood.

By researching each separate identity, I cross-examined issues and needs found within each identity and created cohesive matrices to find the key issues and needs of the population (see Appendix B). By doing this, I gained a holistic view of appropriate treatment approaches for

rural queer emerging adults. The combination of identities informed a treatment model with an anti-oppressive approach to address the multi-faceted needs of the population. LGBTQ+ emerging adults are almost a forgotten population within rural culture that needs to be brought into the limelight. Two of these components of this complex identity are discussed further below: stage of development and location.

Stage of development. Queer emerging adults are caught in the purgatory of various transitions: old identity to new identity, adolescence to adulthood, and dependence to independence. The analyzed literature involved both adolescent and young adult subjects; the reason for the youth population involvement in a young adult literature-based study is the unique nature of LGBTQ+ emerging adults. A second adolescence is often experienced by individuals identifying as queer in their early twenties (Ven, 2018). With this in mind, LGBTQ+ individuals in their early twenties may be coming out and dating their ideal partners for the first time which lends to similar adolescent challenges, thought patterns and behaviors, and a heightened emotional status. These novel emotional experiences are addressed in tandem with the challenges and stressors of emerging young adults. This is not to say that LGBTQ+ individuals lack maturity or cognitive acuity aligned with their ages; the use of both young adult and adolescent literature is utilized to meet the spectrum of needs this population may present. Emerging adults' brains are still developing; faced with stressors of novel independence financially and socially, one in five young adults are affected by mental illness (Skyland Trail, 2019). LGBTQ+ individuals in the 18 to 25 age range are particularly at risk due to them nearing the typical age of onset for mental illness (Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee, & Ustün, 2007). the age when substance use is common and increased likelihood of homelessness if their identity does not align with values of their families.

Location. Each rural community possesses different nuances and expectations. Specific facets of the rural community are encouraged to be introduced into this model depending on the community in which it is utilized. Certain rural communities may have a strong religious presence; this must be considered when treating the population who has been influenced by religion. The needs of LGBTQ+ emerging adults in rural regions are individualized based on their personal experiences and issues, however all rural communities are not created or operate in a singular fashion. I engineered this art therapy model to treat LGBTQ+ emerging adults with general rurality needs and issues. I recommend further research into specific needs of rural communities in the Midwest, Southwest, the Great Plains, the South, the West, and Northeast regions of the United States. Each rural community poses specific needs, issues, challenges, and goals to their mental health and well-being. The Midwest may pose similar challenges to those living in another rural region, but they are not identical and must be examined and treated individually in order to meet the needs of the clients.

Individualized Goals

The art therapy treatment model addresses general themes of issues, needs, goals, and approaches to treat queer rural emerging adults. However, each person whom participates in this treatment model carries unique experiences and needs. In combination with an already complex identity, the focus population will bring different presenting problems into therapy. For example, a client participating within this treatment model may be experiencing issues with familial relationships but is comfortable and open about their queer identity. This example depicts the problematic assumption of treating LGBTQ+ individuals in regard to identity development is not the sole focus of all queer people but rather a general theme of LGBTQ+ emerging adults. Every

person is unique in their experience; some may be exploring their identity while others have explored and found their ideal identity.

Group Therapy and Importance of Community

Group therapy has seen to beneficial for the coming out process (Ali & Lambi, 2019). Ali & Lambi found that when discussing one's identity with like-minded others provides a healthy environment to explore safely (2019). Group therapy was found to be a key finding within the literature due to the potential novel experience of acceptance and community for the group members in the pressurized climate of rural society. Queer emerging adults may not have had the experience of sharing their thoughts and feelings about their identities openly with others with shared experience; this novel opportunity allows for growth and connection amongst group members. While group therapy is highly beneficial, there are risks in conducting group with an at-risk population. When conducting group therapy, the potential of exposure of identity is present when others know of one's identity. Psychoeducating the group on the risks of exposing other group members' identities is vital in protecting group members from harm and exposure.

Conducting therapy groups can being individuals together to feel a sense of community. This access to a support system may be vital to individuals struggling with their gender and/or sexual identities. Similar to Alcoholics Anonymous, identity groups are welcoming to new members also provide a sense of belonging with seasoned members guiding the newer members. Within the nature of the group therapeutic method, group members are encouraged to build relationships and support systems within the group setting due to the possibility that members may not find support within their natural supports. The sense of community within group may be the only time LGBTQ+ emerging adults may have experiencing acceptance and understanding within their community. This sense of community promotes the ideals of tolerance and

acceptance which may promote a higher and more developed sense of self as well as learning coping skills from group sessions in lieu of the session's focus and experience of group members.

Safety

Safety is held at the upmost importance within the therapeutic relationship. When working with LGBTQ+ individuals, safety looks a bit different than the general approach to non-LGBTQ+ clients. When working with the queer community, clinicians must understand the undertones of safety when treating this population. Working with individuals currently questioning their sexuality, clinicians must hold confidentiality of the client as the upmost importance. The risk of exposing a client's identity may risk the client's physical and emotional safety and even risk their life. When living in rural communities, the LGBTQ+ identity may not be accepted or permitted to members of the community and poses threats and risks to LGBTQ+ individuals seeking treatment. When holding groups, it is important to address safety concerns with the group as a whole and encourage individualized therapy to explore identity development if members feel at risk of exposing their identity to other group members. The LGBTQ+ population is a high-risk population (Pelton-Sweet & Sherry, 2008) and must be therapeutically protected to prevent being unintentionally outed for attending therapeutic sessions. For example, if a therapist is running a group session with LGBTQ+ rural emerging adults, one may title the group "Identity Exploration Group" or "Exploring the Inner Self." These titles will allow clients the ability to discuss their attendance to group therapy without being pressured into prematurely discussing their identity outside of the therapeutic group. Clinicians must uphold their ethical guidelines when working with LGBTQ+ individuals to ensure that they are not exposed within

their communities before they are ready to undergo the radical shift of living in an assumed heteronormative lifestyle to a minority LGBTQ+ lifestyle.

Reducing risk of lethal means. When working with a population who may feel pressures of multiple identities—rural, LGBTQ+, and emerging adult—clinicians must assess often of suicidal ideation and lethal means of completing a suicide attempt. LGBTQ+ individuals are at greater risk of mental illness, self-harm, and suicidal ideation than their heterosexual counterparts (Meyer, 2003); with the compounding stress of emerging as an adult within a community that may not support them could raise the risk of suicidal ideation. When assessing a client for lethal means, the clinician must always ask about access to firearms and prescription medications (Suicide Prevention Resource Center, 2019). Although self-harm is injurious in nature, the use of sharp objects or attempt at hanging one's self is considered less lethal than firearm and prescription medication use (Suicide Prevention Resource Center, 2019).

According to the Suicide Prevention Resource Center (2019), firearms are the number one cause of loss of life in one's first attempt at suicide; educating clients on their safety may be the answer between life and death for clients. Living in rural America, many families have access to firearms for hunting purposes and/or for residential protection. When a client is contemplating suicide, it is encouraged to store firearms away from the home in a family friend's home. However, some individuals may be resistant to this notion due to their need for security in their home. When this occurs, encourage a loved one to store the unloaded gun in a coded safe and the ammunition hidden elsewhere. Although this method does not guarantee that the person at risk will not find the firearm, but rather that when one is on the brink of attempting, the urge lasts for about ten minutes (Suicide Prevention Resource Center, 2019). If the person can be deterred for at least ten minutes, they do not usually follow through with the attempt.

Prescription medications are the second most lethal means of dying by suicide. If clients are prescribed medication that could be used in a lethal overdose, discuss the important of filling prescriptions on a weekly basis rather than monthly to reduce the likelihood of overdose. If there are prescriptions within the home that are not being used, dispose of these medications properly or store them at a friend or family member's home.

Limitations

Approach. This study was conducted solely on literature research and cross-examination. This approach limited the results and model construction. A multi-perspective approach would aid in bearing a more personalized model and art therapy approach to individualized treatment planning. For future research, I suggest a participant-based research study to gather data on the effectiveness of the current model to promote effectiveness and focus on the needs and issues of the focus group. As previously mentioned, many studies will need to be conducted in different regions of the rural United States in order to discover and address specific needs of specific regions.

Need for published research. Currently, published research on emerging adults is limited; rural LGBTQ+ emerging adults published literature is extremely sparse. The lack of research available in treatment models for LGBTQ+ emerging adults further encouraged my study to be conducted, however the lack of research proved to be a limitation in that I could not find models or methods of study to approach an ideal treatment model for this population. The need for further research on this population is vital in order to address this complex population within the art therapy treatment realm. The lack of published research on art therapy models for LGBTQ+ treatment limited my research and examination of effective models. My recommendation is to provide the general art therapy model to clinicians throughout the country;

clinicians can implement this model in practice to assess the relevance of the general model to their specific rural regions. Gathering literature in active practice will assist in creating region-special art therapy treatment models for rural LGBTQ+ emerging adults. When studying a population with such depth in identity and experience, the lack of researching power limited the research into this population and approaches to treatment.

The lack of researching power refers to the study being conducted by one researcher versus a team of researchers. I conducted this study independently with the guidance of my advisor. If this study was replicated and more researchers participated, more literature could be cross-examined leading to potentially a higher number of results and approaches. Furthermore, the literature-based study was conducted on presently published literature; this study was limited due to the scarce literature available on this specific population.

Implications

The results of this literature-based study imply that there is a greater need of research into intersecting complex identities in regard to meeting therapeutic need. The present art therapy treatment model will be used as a structure for future models to be created and further research to be conducted on the rural LGBTQ+ emerging adult population. Further research needs to be conducted on the rural nature and systemic consequences that befall LGBTQ+ individuals.

This art therapy treatment model can also be used to educate clinicians and promote awareness of the needs, issues, and goals of the focus population. The goal of this model is to create a universal treatment for rural LGBTQ+ emerging adults while promoting tolerance and safety. Further research is recommended to provide further education in regard to specific identity needs such as transgender issues and needs or bisexual issues or needs.

Researcher Bias

The focus of this study was born out of a personal nature of my own. I was born in a small rural community in Northcentral Indiana. I struggled through my identity development as a queer person as well as struggling against the status quo and expectations of society that has historically been largely constructed around heterosexual idealism. The depth of research I conducted was not to villainize the rural communities but rather bring enlightenment to the need of the young LGBTQ+ population within these isolated communities. I love the community where I am from and love my family and friends who reside there. Although I am grateful and proud of my place of origin along with the lessons and values I possess are rooted there, I still find injustice and inequality in wanting to live an authentic life that promotes mental wellness in some current rural societies. My hope is that this treatment model be used in further research to explore different rural regions across the United States and beyond. This model will be the tip of the iceberg in research into the needs of those whose voices are not heard or acknowledged. Change occurs when drawing attention to the issues that are most uncomfortable to address. I wish to do just this by drawing attention to a nearly invisible population that is silently struggling to find their voices and their place in this world. I was one of these people; this model is an ignited match to an optimistic brushfire of research and education to assist and treat LGBTQ+ rural emerging adults.

CHAPTER VI

CONCLUSION AND RECOMMENDATIONS

Conclusion

I conducted this literature-based research study to construct an art therapy treatment model for rural LGBTQ+ emerging adults. I found that the need for detail to specific rural communities is needed to further provide adequate care for the emerging queer adult population. The model I created gives a general outline of the issues, needs, and goals for art therapy-based treatment with the target population, but further research may indicate other specific needs, issues, or goals. In the current United States, progress has been made in lieu of pro-LGBTQ+ protective laws, but there is a continuous struggle for equality on federal and local government levels. Although laws may be in place, literature on LGBTQ+ individuals in rural culture exhibits themes of discrimination, stigma, threats to emotional and physical safety, and at-risk behaviors. Created from an anti-oppressive perspective, this art therapy treatment model was designed to aid rural queer emerging adults with their needs and issues as well as train and educate clinicians to treat this population ethically.

Recommendations

Recommendations for further study of LGBTQ+ rural emerging adults include action research, case study research, and specific factions of this model. Participatory Action Research (PAR) conducted with subjects participating within the use of this art therapy treatment model could bear evidence to the effectiveness or ineffectiveness to different aspects of the model based upon recording their experiences (Kapitan, 2018). When utilizing this model, it is recommended to keep the safety of one’s clients as the number one priority.

Case study research is recommended to provide specific accounts of rural LGBTQ+ emerging adults while participating in the art therapy treatment model. Case studies provide an extra level of depth to the model and promotes the image of treating each person individually. The model produced in this study was created to address general issues found thematically in research.

The final recommendation is that this model be used to create training opportunities for clinicians nationally. The use of this general treatment model in specific locations will provide a starting point for creating location-based specific models of treatment. Clinicians who practice using this model can promote research through their execution of the model and by testing the effectiveness of the model to their rural LGBTQ+ emerging adult population.

CHAPTER VII

REFERENCES

Abelson, M. J. (2016). 'You aren't from around here': Race, masculinity, and rural transgender men. *Gender, Place & Culture, 23*(11), 1535–1546.

Addison, D. (2003). Art therapy with gay, lesbian, bisexual and transgendered clients. In S. Hogan (Ed.), *Gender Issues in Art Therapy,* 53 – 68. London, UK: Kingsley.

Ali, S., & Lambie, G. W. (2019). The impact of strengths-based group counseling on LGBTQ young adults in the coming out process. *Journal of Gay & Lesbian Mental Health, 23*(1), 45–62.

Allison, N. (2020, January 15). In first bill of the year, Tennessee Senate passes legislation allowing adoption agencies to deny gay couples. *Tennessean.* Retrieved from https://www.tennessean.com/story/news/politics/2020/01/14/tennessee-gay-adoption-senate-passes-bill-allowing-agencies-discriminate/4465719002/

American Art Therapy Association. (2019). *About art therapy*. Retrieved from https://arttherapy.org/about-art-therapy/.

American Counseling Association. (2014). *Outing others,* Retrieved from https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-member-blogs/2014/07/08/outing-others

Anderson, S. C. (2009). *Substance use disorders in lesbian, gay, bisexual, and transgender clients: assessment and treatment.* New York: Columbia University Press.

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32.

Arnett, J. J. (2015). *Emerging adulthood: the winding road from the late teens through the twenties*. New York: Oxford University Press.

Arnett, J. J. (2020). Emerging adulthood. In R. Biswas-Diener & E. Diener (Eds), *Noba textbook series: Psychology.* Champaign, IL: DEF Publishers. Retrieved from http://noba.to/3vtfyajs

Avtgis, T. A., Polack, E. P., Martin, M. M., & Rossi, D. (2010). Improve the communication, decrease the distance: The investigation into problematic communication and delays in inter-hospital transfer of rural trauma patients. *Communication Education*, *59*(3), 282-293.

Baldwin, A., Schick, V., Dodge, B., Herbenick, D., van Der Pol, B., Sanders, S., & Fortenberry, J. D. (2017). Variation in sexual identification among behaviorally bisexual women in the Midwestern United States: Challenging the established methods for collecting data on sexual identity and orientation. *Archives of Sexual Behavior*, *46*(5), 1337–1348.

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry, 82*(4), 505–515.

Baughy-Gill, S. (2011). When gay was not okay with the APA: A historical view of homosexuality and its status as a mental disorder. *Occam's Razor*, *1*(2).

Besen, W. (2003). *Anything but straight: Unmasking the scandals and lies behind the ex-gay myth.* New York: Harrington Park Press.

Bock, B. B., & Shortall, S. (2006). Rural gender relations: Issues and case studies. Wallingford, UK: CABI Pub.

Borshuk, C., & Cherry, F. (2004). Keep the tool-box open for social justice: Comment on Kitzinger and Wilkinson. *Analyses of Social Issues & Public Policy, 4*(1), 195–202.

Boso, L. A., (2016) Acting gay, acting straight: sexual orientation stereotyping. *Tennessee Law Review, 83,* 575 – 637.

Boso, L. A. (2019). Rural resentment and LGBTQ equality. *Florida Law Review,* 71, 919–978.

Brinton, S. (2018, January 24). I was tortured in gay conversion therapy. And it's still legal in 41 states. *The New York Times.*

Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2015). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry, 8*(1), 3–22.

Burke, D. (2020, January 17). The Methodist Church will probably split in two over homosexuality, and that's bad for all of us. *CNN.* Retrieved from https://www.cnn.com/2020/01/17/us/united-methodist-church-split-christianity/index.html

Cerbone, A. R. (2017). Introduction: Science, sexuality, and psychotherapy: Shifting paradigms. *Journal of Clinical Psychology, 73*(8), 926–928.

Clancy, A. (2015). Practice model for a dementia outreach service in rural Australia. *Australian Journal of Rural Health, 23*(2), 87–94.

Cramer, K. J. (2016). *The politics of resentment: Rural consciousness in Wisconsin and the rise of Scott Walker.* Chicago, IL: University of Chicago Press.

Corey, G. (2015). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.

Dawson, P. (1994). Contra biology: A polemic. *Journal of Advanced Nursing, 20,* 1094-1103.

Dawson v. Bumble & Bumble, 398 F.3d 211 (2d Cir. 2005).

Drumheller, K., & McQuay, B. (2010). Living in the buckle: Promoting LGBT outreach services in conservative urban/rural centers. *Communication Studies, 61*(1), 70–86.

Ecker, J. (2016). Queer, young, and homeless: A review of the literature. *Child & Youth Services, 37*(4), 325–361.

Fish, J., & Pasley, K. (2015). Sexual (minority) trajectories, mental health, and alcohol use: A longitudinal study of youth as they transition to adulthood. *Journal of Youth & Adolescence*, *44*(8), 1508–1527.

Flentje, A., Leon, A., Carrico, A., Zheng, D., & Dilley, J. (2016). Mental and physical health among homeless sexual and gender minorities in a major urban US city. *Journal of Urban Health, 93*(6), 997–1009.

Fraser, J., & Waldman, J. (2003). Singing with pleasure and shouting with anger: Working with gay and lesbian clients in art therapy. In S. Hogan (Ed.), *Gender Issues in Art Therapy*, 69 – 91. London, UK: Kingsley.

Frost, D. M., Meyer, I. H., & Hammack, P. L. (2015, February). *Health and well-being in emerging adults' same-sex relationships: Critical questions and directions for research in developmental science.* Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5004769/

Gangamma, R., Slesnick, N., Toviessi, P., & Serovich, J. (2008). Comparison of HIV risks among gay, lesbian, bisexual, and homeless heterosexual youth. *Journal of Youth Adolescence, 37,* 456 - 464.

Gillum, T. (2017). Adolescent dating violence experiences among sexual minority youth and

implications for subsequent relationship quality. *Child & Adolescent Social Work Journal, 34(*2), 137–145.

Gilmore, K. (2015). Is emerging adulthood a new developmental phase? In *The Little Book of Child and Adolescent Development* (pp. 625–653). New York, NY: Oxford University Press.

Gray, M. L. (2009). *Out in the country: Youth, media, and queer visibility in rural America.* New York, NY: New York University Press

Green, E., & Peterson, E. (2004). *LGBTQIA terminology.* University of California. Riverside, CA.

Haas, A. P., & Lane, A. (2015). Collecting sexual orientation and gender identity data in suicide and other violent deaths: A step towards identifying and addressing LGBT mortality disparities. *LGBT Health, 2*(1), 84–87.

Harari, E., Glenwick, D. S., & Cecero, J. J. (2014). The relationship between religiosity/spirituality and well-being in gay and heterosexual Orthodox Jews. *Mental Health, Religion & Culture, 17*(9), 886–897.

Harrison, N. (2000). Gay affirmative therapy: a critical analysis of the literature. *British Journal of Guidance & Counselling, 28*(1), 37–53.

Hochschild, A. R. (2016). *Strangers in Their Own Land: Anger and Mourning on the American Right.* New York, NY: New Press.

Human Rights Campaign. (2020). *Faith Positions.* Retrieved from https://www.hrc.org/resources/faith-positions

Israel, T., Gorcheva, R., Burnes, T., & Walther, W. (2008). Helpful and unhelpful therapy experiences of LGBT clients. *Psychotherapy Research, 18*(3), 294–305.

Ioannides, E. (2016). Museums as therapeutic environments and the contribution of art therapy. *Museum International, 68*(3-4), 98–109.

Jameson, J. P., & Blank, M. B. (2007). The role of clinical psychology in rural mental health services: Defining problems and developing solutions. *Clinical Psychology: Science and Practice, 14*(3).

Kapitan, L. (2018). *Introduction to Art Therapy Research* (2nd Ed.). New York, NY: Routledge.

Kecojevic, A., Wong, C. F., Schrager, S. M., Silva, K., Bloom, J. J., Iverson, E., & Lankenau, S. E. (2012). Initiation into prescription drug misuse: Differences between lesbian, gay, bisexual, transgender (LGBT) and heterosexual high-risk young adults in Los Angeles and New York. *Addictive Behaviors, 37*(11), 1289–1293.

Kessler, R., Amminger, G., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustün, T. (2007). Age of onset of mental disorders: A review of recent literature. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1925038/

Knoll, B. (2016). Youth suicide rates and Mormon religious context: An additional empirical analysis. *Dialogue: A Journal of Mormon Thought, 49*(2), 25–43.

Långström, N. (2016). Psychological health, victimization experiences, and familial confounding among LGBT youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 55,* S156.

Lovett, I. (2013, June 20). After 37 years of trying to change people's sexual orientation, group is to disband, *New York Times*. p. 12.

MacIntosh, H. B. (2017). A bridge across silent trauma: Enactment, art, and emergence in the treatment of a traumatized adolescence. *Psychoanalytic Dialogues, 27*(4), 433–453.

Makin, S. (2000). *Therapeutic art directives and resources: Activities and initiatives for*

individuals and groups. London, UK: Jessica Kingsley.

McCrone, S. (2018). LGBT healthcare disparities, discrimination, and societal stigma: The mental and physical health risks related to sexual and/or gender minority status. *American Journal of Medical Research, 5*(1), 91–96.

Merriam-Webster, Incorporated. (2019). *The Merriam-Webster dictionary.* Springfield, MA: Author.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.

Milligan, K. (2014). *Language Matters.* Retrieved from http://www.citizensproject.org/2014/027/20/language-matters/.

Miner-Romanoff, K. (2016). Voices from inside: The power of art to transform and restore. *Journal of Correctional Education, 67*(1), 58–74.

Morales, N. (2017). *Art therapy with LGBTQ: Bridge to understanding.* (Publication No. 139.102.64.34) [Master's thesis, Saint Mary-of-the-Woods College.] Google Scholar.

Nelson, L. J., & Barry, C. M. (2005). Distinguishing Features of Emerging Adulthood. *Journal of Adolescent Research, 20*(2), 242-262.

Newport, F. (2020). LGBT population in U.S. significantly less religious. Retrieved from https://news.gallup.com/poll/174788/lgbt-population-significantly-less-religious.aspx

Otting, T. L., & Prosek, E. A. (2016). Integrating feminist therapy and expressive arts with adolescent clients. *Journal of Creativity in Mental Health, 11*(1), 78–89.

Pelton-Sweet, L. M., & Sherry, A. (2008). Coming out through art: A review of art therapy with LGBT clients. *Art Therapy, 25*(4), 170–176.

Peltzer, K., & Pengpid, S. (2016). Minority stress among lesbian, gay, bisexual, and transgender (LGBT) university students in ASEAN countries: Associations with poor mental health and addictive behavior. *Gender & Behaviour, 14*(3), 7806–7815.

Peterson, C. M., Matthews, A., Copps, S. E., & Conard, L. A. (2017). Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria. *Suicide & Life-Threatening Behavior, 47*(4), 475–482.

Petry, N. M. (2002). A comparison of young, middle-aged, and older adult treatment-seeking pathological gamblers. *The Gerontologist, 42*(1), 92-99.

Pozner, J. L. (2004). Gender immigrant. *Women's Review of Books, 21*(7), 5–7.

Ridley, S. (2015). A question of identity: Mirrors as a tool for self-reflection. *Journal of Creativity in Mental Health*, *10*(2), 130–148.

Rogers, J. (2012). Anti-oppressive social work research: Reflections on power in the creation of knowledge. *Social Work Education: The International Journal, 31*(7), 866 – 879.

Shilo, G., Antebi, N., & Mor, Z. (2015). Individual and community resilience factors among lesbian, gay, bisexual, queer and questioning youth and adults in Israel. *American Journal of Community Psychology, 55*(1/2), 215–227.

Skyland Trail. (2019, May 21). *Onset of mental illness: First signs and symptoms in young adults.* Retrieved from https://www.skylandtrail.org/onset-of-mental-illness-first-signs-and-symptoms-in-young-adults/

Suicide Prevention Resource Center. (2019). Counseling on access to lethal means. Retrieved from https://training.sprc.org/enrol/index.php?id=20

The Associated Press. (2020, May 05). *With split over gay marriage delayed, United*

Methodists face a year in limbo. Retrieved from https://www.nbcnews.com/feature/nbc-out/split-over-gay-marriage-delayed-united-methodists-face-year-limbo-n1200236

Todd, N. R., McConnell, E. A., Odahl-Ruan, C. A., & Houston-Kolnik, J. D. (2017). Christian campus-ministry groups at public universities and opposition to same-sex marriage. *Psychology of Religion and Spirituality, 9*(4), 412–422

Turning Winds. (2020). *Glossary.* Retrieved from https://www.turningwinds.com/Glossary

Unger, N. C. (2016). Queering the countryside: New frontiers in rural queer studies. *Journal of American History, 103*(3), 730.

Ven, J. (2018, November 12). The second adolescence: Late bloomers or something [Blog post]. Retrieved from https://www.jonah-ven.com/blog/the-second-queer-adolescence

Webble, D. (2020, June 2). *Jehovah's Witnesses* (Cengage, Ed.). Retrieved from https://www.encyclopedia.com/philosophy-and-religion/christianity/protestant-denominations/jehovahs-witnesses

Wiggins, M. (2018). *Art therapy with the LGBTQ community.* [Master's thesis, IUPUI.] Retrieved from Scholarworks.

Williams, J. C. (2017). *White working class: Overcoming class cluelessness in America.* Boston, MA: Harvard Business School Publishing.

APPENDIX A

Search Terms and Key Words

Table II. *Keywords and Yielded Results*

Keywords				**Yielded Results**
LGBTQ	"rural areas or rural communities"	Art therapy		0
LGBT	"rural areas or rural communities"	Art therapy		0
LGBTQ	"art therapy"			4
LGBTQ	"art therapy"	Rural		0
LGBTQ	Rural			233
LGBTQ	Rural	Art therapy		0
LGBTQ	Rural	"art therapy"		0
LGBTQ	Isolation			176
LGBTQ	Isolation	Rural		4
LGBTQ	Isolation	Rural	"young adults or emerging adults"	1
LGBTQ	Isolation	"young adults or emerging adults"		9
LGBTQ	Isolation	"young adults or emerging adults"	Rural	1
LGBTQ	Mortality			43
LGBTQ	Suicide			414
LGBTQ	Suicide	Rural		6
LGBTQ	Suicide	"rural areas or rural communities"		1
LGBTQ	Discrimination			5,539
LGBTQ	Discrimination	Rural		56
LGBTQ	Discrimination	"rural areas or rural communities"		25
LGBTQ	Discrimination	Rural	"young adults or emerging adults"	2
LGBTQ	Discrimination	"rural areas or rural communities"	"young adults or emerging adults"	1
LGBTQ	"hate crimes"			288
LGBTQ	"hate crimes"	Rural		5
LGBTQ	"hate crimes"	"rural areas or rural communities"		0
LGBTQ	"therapy"			647
LGBTQ	"therapy"	Rural		3
LGBTQ	Homelessness			140
LGBTQ	Homelessness	Rural		2
LGBTQ	Homelessness	Rural	"young adults or emerging adults"	1
LGBTQ	"substance use"			350
LGBTQ	"substance use"	Rural		3
LGBTQ	"substance use"	Rural	"young adults or emerging adults"	0

LGBTQ	Mental health			1,406

Table II. *Keywords and Yielded Results (Contd.)*

LGBTQ	Mental health	"young adults or emerging adults"		85
LGBTQ	Mental health	"young adults or emerging adults"	Rural	2
LGBTQ	Mental health	Rural		23
LGBTQ	Mental health	Rural	"young adults or emerging adults"	2
LGBTQ	Mental health	"rural areas or rural communities"		7
LGBTQ	Mental health	"rural areas or rural communities"	"young adults or emerging adults"	1
Gay	Rural	Art therapy		1
Gay	"rural areas or rural communities"	Art therapy		1
"rural areas or rural communities"	LGBTQ			89
"rural areas or rural communities"	LGBTQ	"therapy"		1
Homosexuality	"art therapy"			2
Homosexuality	Rural	"art therapy"		0

APPENDIX B

Cross-Examined Literature

Matrix 1: *LGBTQ+ and Rural Culture*

Title	Author(s)	Year	Religious Legalism	Rural Values	Social Norms
'You aren't from around here': Race, masculinity, and rural transgender men	Abelson	2016		X	X
Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals	Barnes & Meyer	2012	X	X	X
Acting gay, acting straight: Sexual orientation stereotyping	Boso	2016	X	X	X
Rural resentment and LGBTQ equality	Boso	2019	X	X	X
I was tortured in gay conversion therapy. And it's still legal in 41 states.	Brinton	2018	X		X
Introduction: Science, sexuality, and psychotherapy: Shifting paradigms	Cerbone	2017	X	X	X
Living in the buckle: Promoting LGBT outreach services in conservative urban / rural centers	Drumheller & McQuay	2010	X	X	X
Adolescent dating violence experiences among sexual minority youth and implications for subsequent relationship quality	Gillum	2016	X		X

Matrix 1: *LGBTQ+ Emerging Adults and Rural Culture (Contd.)*

Title	Author(s)	Year	Rural Values	Religious Legalism	Social Norms
Out in the country: Youth, media, and queer visibility in rural America	Gray	2009	X	X	X
The relationship between religiosity/spirituality and well-being in gay and heterosexual Orthodox Jews	Harari, et al.	2014	X	X	X
Gay affirmative therapy: A critical analysis of the literature	Harrison	2000	X		X
Youth suicide rates and Mormon religious context: An additional empirical analysis	Knoll	2016	X	X	X
Religion/spirituality and sexual and gender identity	Kolnik	2017		X	
Gender immigrant	Pozner	2004	X		X
Christian campus-ministry groups at public universities and opposition to same-sex marriage	Todd, et al.	2017		X	X
Dawson v. Bumble & Bumble	United States Court of Appeals, 2nd Circuit	2005			X
White working class: overcoming class cluelessness in America	Williams	2017	X	X	X

Matrix 2: *LGBTQ+ and Mental Health Symptomology*

Title	Author(s)	Year	Anxiety	Depression	PTSD	Self-Harm	Substance Use	Suicidal Ideation
'You aren't from around here': Race, masculinity, and rural transgender men	Abelson	2016						X
Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals	Barnes & Meyer	2012	X	X				X
Acting gay, acting straight: Sexual orientation stereotyping	Boso	2016	X					X
Rural resentment and LGBTQ equality	Boso	2019	X					
I was tortured in gay conversion therapy. And it's still legal in 41 states.	Brinton	2018	X	X	X			X
Introduction: Science, sexuality, and psychotherapy: Shifting paradigms	Cerbone	2017	X					
Living in the buckle: Promoting LGBT outreach services in conservative urban / rural centers	Drumheller & McQuay	2010						X
Queer, young, and homeless: A review of the literature	Ecker	2016		X		X	X	X
Sexual (minority) trajectories, mental health, and alcohol use: A longitudinal study of youth as they transition to adulthood	Fish & Pasley	2015	X	X	X	X	X	X

Matrix 2: *LGBTQ+ and Mental Health Symptomology (Contd.)*

Title	Author(s)	Year	Anxiety	Depression	PTSD	Self-Harm	Substance Use	Suicidal Ideation
Mental and physical health among homeless sexual and gender minorities in a major urban US city	Flentje, Armando, Carrico, Zheng, & Dilley	2016		X	X		X	X
Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth	Gangamma, Slesnick, Toviessi, & Serovich	2008	X	X	X		X	X
Adolescent dating violence experiences among sexual minority youth and implications for subsequent relationship quality	Gillum	2016		X	X		X	X
Out in the country: Youth, media, and queer visibility in rural America	Gray	2009	X	X				X
Queering the countryside: New frontiers in rural queer studies	Gray, Johnson, & Gilley	2016	X	X				X
Collecting sexual orientation and gender identity data in suicide and other violent deaths a step towards identifying and addressing LGBT mortality disparities	Haas & Lane	2015		X				X
The relationship between religiosity/spirituality and well-being in gay and heterosexual Orthodox Jews	Harari, Glenwick, & Cecero	2014	X	X			X	X
Gay affirmative therapy: a critical analysis of the literature	Harrison	2000	X	X				

Matrix 2: *LGBTQ+ and Mental Health Symptomology (Contd.)*

Title	Author(s)	Year	Anxiety	Depression	PTSD	Self-Harm	Substance Use	Suicidal Ideation
Initiation into prescription drug misuse: Differences between lesbian, gay, bisexual, transgender (LGBT) and heterosexual high-risk young adults in Los Angeles and New York	Kecojevic, Wong, Schrager, Silva, Bloom, Iverson, & Lankenau	2012			X		X	
Youth Suicide rates and Mormon religious context: An additional empirical analysis	Knoll	2016		X				X
Psychological health, victimization experiences, and familial confounding among LGBT youth	Långström	2016	X	X			X	
Minority stress among lesbian, gay, bisexual, and transgender (LGBT) university students in ASEAN countries: associations with poor mental health and addictive behavior	Peltzer & Pengid	2016	X	X	X	X	X	X
Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria	Peterson, Matthews, Copps-Smith, & Conard	2017	X	X		X	X	X
Dawson v. Bumble & Bumble	United States Court of Appeals, 2nd Circuit	2005	X					

Matrix 3: *LGBTQ+ and Systemic Consequences*

Title	Author(s)	Year	Discrimination	Homelessness	Isolation	Victimization
Variation in sexual identification among behaviorally bisexual women in the midwestern United States: Challenging the established methods for collecting data on sexual identity and orientation	Baldwin, Schick, Dodge, van Der Pol, Herbenick, Sanders, & Fortenberry	2017	X		X	
Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals	Barnes & Meyer	2012	X			
Keep the tool-box open for social justice: Comment on Kitzinger and Wilkinson	Borshuk & Cherry	2004	X			X
Acting gay, acting straight: Sexual orientation stereotyping	Boso	2016	X		X	X
Rural resentment and LGBTQ equality	Boso	2019	X		X	X
I was tortured in gay conversion therapy. And it's still legal in 41 states.	Brinton	2018			X	
Living in the buckle: Promoting LGBT outreach services in conservative urban / rural centers	Drumheller & McQuay	2010	X			
Queer, young, and homeless: A review of the literature	Ecker	2016	X		X	X

Matrix 3: *LGBTQ+ and Systemic Consequences (Contd.)*

Title	Author(s)	Year	Discrimination	Homelessness	Isolation	Victimization
Sexual (minority) trajectories, mental health and alcohol use: A longitudinal study of youth as they transition to adulthood	Fish & Pasley	2015	X			
Mental and physical health among homeless sexual and gender minorities in a major urban US city	Flentje, Armando, Carrico, Zheng, & Dilley	2016	X	X		X
Comparison of HIV risks among gay, lesbian, bisexual and heterosexual homeless youth	Gangamma, Slesnick, Toviessi, & Serovich	2008	X	X	X	X
Adolescent dating violence experiences among sexual minority youth and implications for subsequent relationship quality	Gillum	2016	X			X
Out in the country: Youth, media, and queer visibility in rural America	Gray	2009	X	X	X	
Queering the countryside: New frontiers in rural queer studies	Gray, Johnson, & Gilley	2016	X		X	X
The relationship between religiosity / spirituality and well-being in gay and heterosexual Orthodox Jews	Harari, Glenwick, & Cecero	2014			X	

Matrix 3: *LGBTQ+ and Systemic Consequences (Contd.)*

Title	Author(s)	Year	Discrimination	Homelessness	Isolation	Victimization
Gay affirmative therapy: A critical analysis of the literature	Harrison	2000	X			
Psychological health, victimization experiences, and familial confounding among LGBT youth	Långström	2016				X
Suicidality, self-harm, and body dissatisfaction in transgender adolescents and emerging adults with gender dysphoria	Peterson, Matthews, Copps-Smith, & Conard	2017	X	X		
Gender immigrant	Pozner	2004	X		X	X
Dawson v. Bumble & Bumble	United States Court of Appeals, 2nd Circuit	2005	X		X	

Matrix 4: *LGBTQ+ and Art Therapy Treatment (ATx)*

Title	Author(s)	Year	**Art Therapy Treatment**	Psychotherapy Treatment
Art therapy with gay, lesbian and transgendered clients	Addison	2003	X	
Substance use disorders in lesbian, gay, bisexual, and transgender clients: Assessment and treatment	Anderson	2009		X
The impact of strengths-based group counseling with LGBTQ+ young adults in the coming out process	Ali & Lambie	2019		X
Introduction: Science, sexuality, and psychology: Shifting paradigms	Cerbone	2017		X
Singing with pleasure and shouting with anger: Working with gay and lesbian clients in art therapy	Fraser & Waldman	2003	X	
Gay affirmative therapy: A critical analysis of the literature Coming out through art:	Harrison	2000		X
Art therapy And LGBTQ: Bridge to understanding	Morales	2017	X	
A review of art therapy with LGBT clients	Pelton-Sweet & Sherry	2008	X	
Art therapy with the LGBTQ community	Wiggins	2018	X	

APPENDIX C

Detailed List of LGBTQ+ Definitions

The following list was developed to provide appropriate terminology for clinicians:

Ally is "someone who confronts heterosexism, homophobia, biphobia, transphobia, heterosexual and gender straight privilege in themselves and others; a concern for the well-being of lesbian, gay, bisexual, trans, and intersex people; and a belief that heterosexism, homophobia, biphobia and transphobia are social justice issues" (Green and Patterson, 2004, p. 1).

Being out refers to individuals who are open about their identity (Green and Patterson, 2004). This is the opposite of being closeted, which refers to an individual whose queer identity is not known by others (Green and Patterson, 2004).

Bisexual is "a person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others" (Green and Patterson, 2004, p. 2).

Cisgender refers to "a person whose gender identity corresponds with the sex the person had or was identified as having at birth" (Merriam-Webster, 2019).

FTM / F2M is an "abbreviation for female-to-male transgender or transsexual person" (Green and Patterson, 2004, p. 3).

Gay is a (1) term used in some cultural settings to represent males who are attracted to males in a romantic, erotic and/or emotional sense. Not all men who engage in "homosexual behavior" identify as gay, and as such this label should be used with caution. (2) Term used to refer to the LGBTQ[+] community as a whole, or as an individual identity label for anyone who does not identify as heterosexual" (Green and Patterson, 2004, p. 3).

Gender identity is “a person’s sense of being masculine, feminine, or other gendered" (Green and Patterson, 2004, p. 4).

Heterosexuality is a person’s tendency to sexually desire the opposite sex (Merriam-Webster, 2019).

Heterosexual privilege refers to “benefits derived automatically by being heterosexual that are denied to homosexuals and bisexuals. Also, the benefits homosexuals and bisexuals receive as a result of claiming heterosexual identity or denying homosexual or bisexual identity” (Green and Patterson, 2004, p. 5).

Heteronormativity refers to the majority of the population being heterosexual and cis-gendered (Green and Patterson, 2004).

Homophobia is the irrational fear of homosexuals or any behaviors that are not heterosexual or does not conform traditional, rigid sex role stereotypes (Green and Patterson, 2004).

Homosexual is “a person primarily emotionally, physically, and/or sexually attracted to members of the same sex” (Green and Patterson, 2004, p. 5).

“In the closet” or “**being closeted”** is terminology referring to queer or questioning individuals who will not or cannot disclose their queer identity (Green and Patterson, 2004).

Intersexed person is “someone whose sex a doctor has a difficult time categorizing as either male or female. A person whose combination of chromosomes, gonads, hormones, internal sex organs, gonads, and/or genitals differs from one of the two expected patterns” (Green and Patterson, 2004, p. 5).

Lesbian is a “term used to describe female-identified people attracted romantically, erotically, and/or emotionally to other female-identified people. The term lesbian is derived from

the name of the Greek island of Lesbos and as such is sometimes considered a Eurocentric category that does not necessarily represent the identities of African-Americans and other non-European ethnic groups. This being said, individual female-identified people from diverse ethnic groups, including African-Americans, embrace the term 'lesbian' as an identity label" (Green and Patterson, 2004, p. 6).

LGBTQI+ is an "abbreviation for lesbian, gay, bisexual, transgender, queer and intersexed community" (Green and Patterson, 2004, p. 6).

LGBTQQIP2SAA refers to "lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous, and asexual" (Milligan, 2014, "Language Matters," para. 8).

Minority stress is a combination of "stigma, prejudice, and discrimination [creating] a hostile and stressful social environment causing mental health problems" (Meyer, 2003, p. 674).

MTF / M2F is an "abbreviation for male-to-female transgender or transsexual person" (Green and Patterson, 2004, p. 6).

Outing is the "involuntary disclosure of one's sexual orientation, gender identity, or intersex status" (Green and Patterson, 2004, p. 7).

Pansexual is "a person who is sexually attracted to all or many gender expressions" (Green and Patterson, 2004, p. 7).

Passing "describes a person's ability to be accepted as their preferred gender/sex or race/ethnic identity or to be seen as heterosexual" (Green and Patterson, 2004, p. 7).

Queer is an umbrella term that encompasses all persons who identify an anything other than cisgender and heterosexual (Green and Patterson, 2004). For the purposes of flow and

cohesion of this paper, the LGBTQIA+ community may be referred to as the queer community, gay community, or LGBT community.

Second adolescence: The first adolescence usually occurs between the ages of 13 and 17, however the second adolescence may occur in one's late teens, early twenties, or later depending on the individual (Ven, 2018). The majority of LGBTQ+ individuals who were not able to date people of their preference at the time of their first adolescence, experience a second adolescence when they first start to date someone who aligns with their sexual orientation. These individuals do not undergo puberty again, but they do experience the same excitement, nervousness, and elation that teenagers do when they first fall in love. (Ven, 2018).

Sexual Reassignment Surgery (SRS) is "a term used by some medical professionals to refer to a group of surgical options that alter a person's "sex". In most states, one or multiple surgeries are required to achieve legal recognition of gender variance, also known as Gender Confirming Surgery," (Green and Patterson, 2004, p. 8).

Transgender is "a person who lives as a member of a gender other than that expected based on anatomical sex. Sexual orientation varies and is not dependent on gender identity" (Green and Patterson, 2004, p. 9).

Trans is "an abbreviation that is sometimes used to refer to a gender variant person. This use allows a person to state a gender variant identity without having to disclose hormonal or surgical status/intentions. This term is sometimes used to refer to the gender variant community as a whole," (Green and Patterson, 2004, p. 9).

Transition "is primarily used to refer to the process a gender variant person undergoes when changing their bodily appearance either to be more congruent with the gender/sex they feel

themselves to be and/or to be in harmony with their preferred gender expression" (Green and Patterson, 2004, p. 9).

Transphobia is "the irrational fear of those who are gender variant and/or the inability to deal with gender ambiguity" (Green and Patterson, 2004, p. 10).

Two-Spirited refers to "native persons who have attributes of both genders, have distinct gender and social roles in their tribes, and are often involved with mystical rituals (shamans). Their dress is usually mixture of male and female articles and they are seen as a separate or third gender. The term 'two-spirit' is usually considered [specifically] to the Zuni tribe. Similar identity labels vary by tribe and include 'one-spirit' and 'wintke'" (Green and Patterson, 2004, p. 10).